Introductory Lecture

TO THE COURSE OF

CLINICAL THERAPEUTICS.

Delivered at King's College Hospital.

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GENTLEMEN,—In addressing you for the first time as Professor of Clinical Therapeutics in this College, my first duty is to thank the Council of the College for the honour they have done me in entrusting to me the duties and responsibilities of this new chair. It will be expected of me that I should on this occasion set before you some account of the objects and practical ends which should be aimed at in the course of instruction which may legitimately fall under the designation of Clinical Therapeutics.

Nothing, perhaps, would surprise an intelligent lay inquirer into our system of medical education more than to hear of the great number of subjects to which the student of medicine is compelled to give a large amount of attention, and to learn at the same time that the subject of therapeutics—the subject which is especially concerned with the practical application of all these other subjects, for which alone they are taught—has been, for most practical purposes, omitted altogether. It would, I imagine, be extremely difficult to offer any satisfactory reason why the subject of therapeutics—the subject of the treatment of disease—should have been so long allowed to occupy such a very subordinate and almost effaced position in our system of medical education. It is still more difficult to understand why that curious fiction should be persistently and authoritatively maintained, that it is possible to teach therapeutics as well as materia medica and pharmaceutical chemistry in the short summer course devoted to these subjects. I observe that in eight out of eleven London medical schools a course of from thirty to thirty-three lectures is all that is available for the teaching of those subjects; and it is expected that in this short summer course the natural history and the physical and chemical properties and compositions of about 250 vegetable substances, of over 140 mineral and 25 animal substances, as well as nearly 500 of their compounds, shall be taught and learnt, and that the student shall acquire the ability to recognise, identify, and describe them. In addition to all this, it is further pretended that in this short course the physiological action, uses, doses, and applications of this enormous number of remedies in the various diseases in which they may be employed is examined and taught. It may probably be urged that the subject of therapeutics falls largely under the head of the Practice of Medicine, and so in a measure it does; but every professor of the theory and practice of medicine will tell you that he finds it impossible to discuss fully the treatment of disease in the limited time allotted to him for dealing with the vast number of other important subjects which he has to consider. It is thus clear that a vast field of inquiry, a vast field of practical study, of the very highest importance to our art, has hitherto received little or no systematic recognition or consideration in our system of medical education. In undertaking the task of supplying in some measure this defect, I must ask you to extend to me that indulgence of which a more competent exponent than I am might well feel in need in attempting so new and possibly so difficult a work.

And now allow me to explain to you what I understand to be the meaning of "clinical therapeutics." By clinical therapeutics I understand the rational examination and discussion of all the various means and methods that can be applied to the amelioration and cure of disease. Clinical therapeutics is not the study of therapeutics in the physiological laboratory; it is the study of therapeutics side by side with disease. It is not the work of the experimental physiologist; it is the work of the practical physician; it is the supreme test of all therapeutic work. I am not in the slightest degree undervaluing the labours of the experimental physiologist when I say that, so far as practical medicine is concerned, his results are but the raw material which clinical therapeutics has to sift, examine, select, accept or reject. And it is unwise to overlook the fact that the complexity of the conditions which exist in many forms of disease, and the impossibility of always, or even commonly, ascertaining all of them, tend to render the results obtained under the far more simple conditions of physiological experiment, and the reasonings founded on them, occasionally more embarrassing than helpful. It has been objected to the "clinical" study of therapeutics that it is faulty as a method, and not calculated to lead to precise "scientific" conclusions. This criticism is itself most open to be criticised. In the first place, I would say that no real and lasting gain to knowledge comes from the attempt to be more precise than the subject matter of our inquiry admits of. To affect to be absolutely precise in a study in which precision is not possible is only, in the end, to confuse and mislead. In the doctrine of the treatment of disease, in many of its forms the *à peu près*, the "more or less," alone is accurate and true. Of what use is it to lay down precise laws as to the action, for instance, of opium and its derivatives in disease, which may be contradicted in the very first case in which you administer that drug? It is not a law, and it may be wholly without precision, but it is nevertheless an important fact in therapeutics, that a sixth of a grain of morphine will in some persons produce alarming syncope and nausea, while three times that quantity in another person will produce a sense of extreme comfort and enjoyment. This is a clinical fact in therapeutics; it cannot be called a "precise scientific" conclusion; but it is only one striking instance of a vast number of like facts that could only have been discovered by this method. It may sound somewhat paradoxical when I say that if the clinical *method* of studying therapeutics is faulty, it is because it has not been sufficiently *methodised*. Every accomplished and intelligent physician and medical practitioner possesses a series of therapeutic facts and observations, many of which he has acquired for himself, many he owes to a sort of unwritten tradition, and these for the most part he keeps to himself. I intentionally state it as a reproach, that the physicians in the largest practices rarely communicate anything to the profession of their modes of treatment. They will read elaborate papers and lectures on more or less disputed pathological doctrines, but as to the therapeutic methods they practise, as to the therapeutic observations they have made in the course of their vast experience, they are, for the most part, as silent as their own door-plates. The clinical method in the study of therapeutics would prove far more useful and fruitful than it is if the best and most experienced clinical observers were to make some attempt to systematise their conclusions, and freely to compare and test one another's observations. Moreover, a fact observed clinically in therapeutics, I mean carefully observed and tested by several observers independently, has not only its own immediate practical value, which may be enormous in its direct and indirect consequences, but it may also be most important and useful in affording to the experimental pharmacologist and physiologist most pregnant hints as to the course his investigations should take. Let me instance to you a few out of many facts in our knowledge of the treatment of disease which have been arrived at by the clinical method, and to which physiological experiments could hardly have conducted us; although the experiments of pharmacologists may subsequently throw important light on the mode of action of some of those remedies.

It has seemed to me that one of the most remarkable gains in the treatment of disease in recent years has been the employment of large doses of iodide of potassium in the treatment of internal aneurysms. In common with many physicians, I have seen more satisfactory results follow this mode of treatment than any other. Yet when first I began the use of iodide of potassium in the treatment of internal aneurysm my results were disappointing and my belief in the remedy slight. I found the same to be the case with some eminent physicians and surgeons whom I met in consultation. But in the year 1877, on the occasion of the meeting of the British Medical Association at Manchester, I was fortunate enough to see in the infirmary of that city a number of cases of thoracic aneurysm which had been collected together by Dr. Simpson for the purpose of showing the members of the Association the value of the iodide of potassium treatment in such cases. It was certainly a remarkable

series of cases, and the results were excellent; and it was then I found that whereas in London I and others who had tried this treatment had been content with giving five-grain doses three times a day, Dr. Simpson had given twenty, thirty, and forty grain doses instead. Now, as soon as I began using these large doses of iodide of potassium in the treatment of internal aneurysm I realised its great remedial value, and I have had the happiness of seeing most admirable results follow the prolonged administration of these large doses. It is only by the *clinical* method of observation that we could have established a fact of this kind. Many suggestions were made as to the mode of action of the iodide in these cases. The first to be put forward was that the cases in which the iodide proved of value were syphilitic cases, and that its beneficial effects were due to its anti-syphilitic properties. But this view, as Dr. Balfour has pointed out, would only make its action more mysterious. Another suggestion was that the iodide increased the coagulability of the blood, and this it may possibly do; but post-mortem examinations seem to show that the process of cure is obtained chiefly by "some peculiar action on the fibrous tissue," causing thickening and contraction of the walls of the sac. It had been noticed clinically[1] that in some cases, under the influence of the iodide, the pulsations in the aneurysmal sac and throughout the arterial system were much diminished in force, and this was referred to a reduction in the intra-arterial blood-pressure brought about by the action of the drug. Physiological experiments appear to confirm this view, and to show "that one of the chief actions of iodide of potassium is to lower blood-tension uniformly throughout the body by dilating the arterioles," and at the same time diminishing the force of the heart's action.

Next, let me call your attention to the therapeutic uses and value of arsenic as established by the clinical method. I need scarcely mention its well-known influence in the cure of certain affections of the skin; it is rather to other uses of this drug, such as Dr. Wilks and Dr. Clifford Albutt have borne witness to, that I would call your attention. Dr. Wilks, whose skill, caution, and insight as a clinical observer will be universally admitted, has satisfied himself by clinical observation solely that arsenic has the power of preventing attacks of gout and of angina pectoris. He is impressed, too, with its remarkable value in relieving some forms of asthma, in certain neuralgias, in cases of anæmia and impaired nutrition, and especially in certain cases of general cachexia of doubtful origin.[2] Dr. Clifford Allbutt has also borne unhesitating testimony to its value in the treatment of many forms of visceral neuralgia. Now these observations, the accuracy of which has never been seriously called in question, are due entirely to the clinical method. Let us see what amount of agreement exists amongst experimental pharmacologists as to the action of arsenic. Sklarek considers his experiments to have demonstrated that arsenic impairs sensibility and leaves the motor functions unimpaired; on the other hand, Ringer and Murrell's experiments, it is maintained, prove that Sklarek's conclusions are incorrect, and that motor paralysis precedes the loss of sensibility.[3] Then it has been established, or at any rate authoritatively stated, that the effects of arsenic on the circulation are not the same in warm- and cold-blooded animals; so that inferences from observations made on the vaso-motor system of cold-blooded animals cannot be applied to the case of mammalian animals, and therefore to human beings. The statement of Saikowsky, that arsenic causes fatty degeneration of the liver, kidneys, heart, and other organs, would scarcely have led us to any great enterprise in its application to the cure of disease, nor does it throw any light on the well-known fact that the arsenic-eaters of Southern Austria and Styria, who take enormous quantities, "improve in bodily condition, gain in breathing power, and become stronger and more pugnacious and also more salacious."[4] Moreover, it has been stated as the result of experimental investigations that arsenic arrests the formation of glycogen in the liver, and by one observer that it lessens the excretion of urea (C. Schmidt), and by another (Prof. Gäthgens) that it causes an actual increase of the amount of urea excreted. So I think we may fairly say, with regard to the therapeutic uses of arsenic, that we have acquired more precise knowledge from our clinical method than we could have derived from the results of pharmacological experiments.

Another fact in therapeutics which could only have been derived from clinical observation is the much greater efficacy which aconite possesses in arresting or modifying the febrile process in children and young people than in persons of mature age. It is quite remarkable how a few doses of aconitine will rapidly subdue the febrile attacks which are commonly associated with local inflammation or other disturbances of health in children and young people, but if you look for the same results in persons of riper years you will be constantly disappointed. Now, here we see an opportunity for a precise clinical investigation, in which, however, a considerable number of observers would have to be associated—viz., to ascertain the exact relation of the activity of aconite to the age of the patient.

No other method could have taught us the extreme value of the topical application of opium in the relief of local inflammations, especially when traumatic, than the clinical method. And I may here express my surprise at the comparatively little use that is made of this method of relieving the pain and distress of local inflammations by practitioners in general.

The value and applicability of the different forms of counter-irritation, and the appropriateness of one form rather than another in various diseases, are wholly the outcome of the clinical method; and this, again, is a subject which might be brought to a great degree of precision by the combined observations of a considerable number of practitioners.

(To be concluded.)

[1] Balfour: Clinical Lectures on Diseases of the Heart.
[2] THE LANCET, April 11th, 1885.
[3] Bartholow's Materia Medica and Therapeutics, fifth edition, p. 149.
[4] Ibid., p. 146.

Introductory Lecture

TO THE COURSE OF

OPHTHALMOLOGY.

Delivered at University College, Liverpool.

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GENTLEMEN,—In entering on a new study, as in visiting a new place, it is well to begin with a plan. Think for a moment how two travellers in a strange town may learn much or little according as they proceed in an orderly method or in a tourist's hurry-skurry to make their observations. One, it may be, is provided with a handbook and a map, and sits down for an hour or so after his arrival, learns the names and directions of the main streets, the situation of the principal buildings, the meanderings of the river and number of its bridges, and perhaps secures the services of an intelligent guide, who takes him over the ground. In a short space of time he acquires a fair knowledge of his bearings, glances at the sights, and selects for more leisurely examination those which appeal to his taste. However limited his time may be, he makes his exploration on some kind of system, sees what he desires to see, and neglects the things that do not interest him. The other scarcely allows himself time to secure rooms; hurries out into the streets, bent on seeing pictures, statues, and ancient buildings; asks his way of the first bystander, who misunderstands him first and misdirects him afterwards; becomes involved in a labyrinth of side-streets, and after an infinity of trouble arrives, footsore, weary, dirty, and ill-tempered, at, let us say, the barracks in a remote suburb, and has no resource but to charter a cab to take him back to his hotel. Think of the different results of travel on these two men: the one returns home with pleasant memories and some useful knowledge, the other with a recollection of innumerable worries and a phantasmagoric jumble of erroneous impressions. So is it exactly with explorers in the vast territories of modern knowledge. As we enter into fresh tracts we require fresh guidance, multitudinous facts surround us on every side, confusing us by their number and bewildering us by their complexity. The confusion is mainly due to our seeing facts all alike, without being able to estimate their varying degrees of importance. We have no mental perspective, and cannot relegate facts to

their relative positions—as a child, who has not yet learned to estimate the value of his visual impressions, has no idea of the distance of objects, and deems he may make a plaything of the moon. It is my duty to help you over these early difficulties. I shall essay to supply you with a plan; to direct your attention to the facts of greatest importance; to aid you in avoiding the distracting influence of those of less consequence; to show you the relationship of these facts one to another, so that you can afterwards, if you choose, add detail to detail till you have mastered as much of the subject as may be necessary for your purpose. In a word, I shall tell you what you ought to learn, and shall arrange and describe for you the principal objects you will be required to study. I shall give you, as it were, a bird's-eye view of the subject, and shall endeavour to make you understand which are the chief landmarks, and what renders them important. Then having, so far as we are able, gained an intelligent idea of our subject, I will, if you permit me, act as the guide I have already referred to, and aid you in your application of this knowledge, and in the simplification of the bewildering mass of material that is afforded by the practice at the Eye and Ear Infirmary. You will gain comparatively little by your attendance at the hospital if you do not first of all acquire some idea of what you are going to see, and a moderately definite notion of how you should methodise your observation.

Let us begin at the beginning. Why has ophthalmic surgery developed into a distinct and special branch? How is the eye differentiated from all other organs we are called upon to treat? In this manner: The eye is an optical instrument; its function is to deal with light, to refract rays, to measure the extent of illuminated area, to estimate the velocity of luminous undulations, and to transform the vibrations of the luminiferous ether into those coarser vibrations which constitute nervous impressions. In every pathological process that takes place, in every surgical procedure that we undertake, there is involved the destruction or the preservation of the optical integrity of the eyeball. If that optical integrity be not preserved our labour is in vain. So far as the mere optical mechanism of the eye is concerned, it may be said to be simply a camera obscura, differing only in detail from the instrument used by photographers. You are all acquainted with its structure. In front is the pellucid curved surface of the cornea for the refraction of rays of light to a focus on the retina; then the iris, with its mobile aperture, the pupil, which acts as a diaphragm according to the varying amount of light; behind this the crystalline lens, with a convexity that can be altered when a change of focus is required. In front of the lens is the aqueous humour; behind it the vitreous body: both serving, by means of their surfaces and their indices of refraction, to render the eye as nearly achromatic as is needful. These structures fulfil their optical purposes exactly as if they were constructed of so many different kinds of glass. But they are not simply optical structures, as they would be if they were constructed of different kinds of glass; they are at the same time vital structures. They subserve two purposes. They are essential to the optical functions of the eyeball, it is true; but they are equally essential to the vital economy of the whole organ, and are subjected to the same physiological and pathological laws as the other tissues of the body.

Let me illustrate these propositions. The cornea is a transparent, curved, refractive surface—a lens. Optically, there is an end of the matter. Structurally, it is, as you know, a continuation of the sclerotic, having its connective tissue modified so as to render it transparent. In furtherance of that end it is deprived of its bloodvessels, and its nutrition is maintained by means of numerous lacunæ which freely anastomose one with another by means of canaliculi. Through these channels lymph passes freely, and in inflammation migrating cells in great numbers have been observed thronging the passages. Given a membrane of this character, largely constructed of connective tissue, freely supplied with lymph, but at the same time wholly extra-vascular, and moreover—except for the brief protection afforded by the blinking of the eyelids—much exposed to external influences, you would be inclined to predicate that it would be likely to inflame, that its passages were likely to become gorged and infiltrated with leucocytes, that it would form a favourable soil for septic infection, and would on the least interruption to its nutrition easily ulcerate. This is so; but unfortunately every one of these pathological processes impairs the transparency of the medium. A comparatively slight and temporary infiltration of the cornea will permanently alter the refractive index of its layers and produce a permanent impairment of sight. An ulceration of the anterior surface may give rise to so little inconvenience that it is not noticed till the beginning of cicatrisation. The ulcer itself escapes recognition because it is transparent; but when Nature begins to heal, she heals with the same journey-work that does duty in similar tissues in other parts of the body, and produces a white speck which is visible to the observer and detrimental to accurate vision. Or take the iris. Its primary function of regulating the amount of light admitted into the eye is purely optical, but it is a highly vascular structure, serving a distinct purpose by secreting lymph for the nutrition of the lens and vitreous. Clinically, it may be said to conduct itself like a serous membrane—just as one man exposed to cold may have pleuritis, so another exposed to cold may have iritis. When the iris inflames, disturbance of its surface secretion occurs, and lymph of an adhesive character is exuded. The edge of the pupil lies, as you are aware, in contact with the anterior capsule of the lens. After the inflammation has subsided, it is frequently found that adhesions have been formed and the margin of the pupil is bound down to the lens capsule. The first effect of this is to destroy its power of expansion and contraction. The pupil has become fixed and its optical function impaired. But a further and more serious consequence may follow. Normally, the lymph secreted by the ciliary body and the posterior surface of the iris should pass from the posterior chamber, between the lens and the margin of the pupil, into the anterior chamber, and thence into the canal of Schlemm, and so into the general circulation. But when the communication is obstructed, the pent-up lymph, unable to escape, presses the iris forwards till it will yield no further, and then, increasing the pressure of the whole vitreous chamber, thrusts the surface of the optic nerve backwards through the sclerotic opening and causes the fibres to atrophy. Blindness of course results, if relief be not given by a timely iridectomy.

In both these instances you will perceive the optical function and the nutritional character of the structure are both involved, that they are both closely connected, and the one reacts upon the other. It is this dual character of the tissues of the eyeball that differentiates it from other organs, and ophthalmic surgery differs from general surgery in involving a constant reference to optical considerations.

But it were in the highest degree unphilosophical to consider the optical mechanism of the eyeball as constituting the whole of the organ of vision. The chief purpose of the optical mechanism is to render the images very much smaller than the objects. If we were unprovided with this reducing apparatus we could only see a very fractional portion of our surroundings at one time. We can conceive an eye without a dioptric apparatus, but we cannot conceive it without a retina—without a nervous screen for the reception of impressions, or without a nervous centre for their appreciation. A camera without sensitive plates and certain chemicals is a mere collection of lenses far less essential for photographic purposes than the plates themselves. Some sort of a photograph can be made by the plates without a camera, but no sort of photograph can be made by the camera without the plates. In like manner the dioptric contrivances of the eyeball—the lens, the humours, the mechanism of accommodation—are valueless by themselves; the final cause of their existence is the large mass of intra-cranial nerve structure that is concerned in the function of sight. Rightly considered, the eye begins in the orbit and ends in the occipital lobes. The retina, I may remind you, lines the eyeball; the optic nerve-fibres, collected into a bundle, pass through the sclerotic ring, and thence into the cavity of the cranium as far as the chiasma. Here a partial decussation takes place. The fibres from the temporal half of the retina proceed to the same side of the brain along the optic tract; those from the nasal retina crossing to the opposite side, thence to the corpora geniculata, and upwards through the white substance of the brain to the grey matter of the occipital lobe. Now, disease anywhere along this tract will give rise to visual disturbance or even blindness, and when the lesion is limited, indications of its position are afforded by the character of the sight affection. Thus, a lesion situated anywhere between the chiasma and the occipital lobe will affect the function of the nasal retina of the opposite eye and the temporal retina of the eye on the same side; the patient sees only the half of objects. You will remember a temporary condition of this sort that occurs in the course of those curious nerve-

storms called migraine. But we are not confined to inference alone. A portion of this nerve structure is visible. By means of the ophthalmoscope the retina and the optic disc can be seen and their pathological changes noted during life. By actual observation we have learned that inflammation is likely to be followed by atrophy. Atrophy means blindness—the *gutta serena* of the old authors—the disease that probably plunged Milton into darkness for half his lifetime. You will have to make yourselves thoroughly acquainted with the appearance of inflamed nerve-surface; not necessarily because it is part of ophthalmic medicine, but because it is of the utmost value as a diagnostic sign in nervous diseases. The nerves lie, as you are aware, in close proximity to the membranes of the brain; indeed, their sheaths are derived from those membranes. Meningitis is a common disease; not only pronounced meningitis, with its frightful array of symptoms and its fatal termination, but partial meningitis, involving only small patches at the base of the brain. It has been found that inflammation of the meninges—invisible, and only to be inferred from symptoms—has a distinct tendency to spread downwards and cause optic neuritis, which can be seen with the ophthalmoscope. Again, it has been found that a tumour of the brain—any kind of lump, whether formed by a strumous deposit, a malignant growth, or a syphilitic gumma—may give rise to neuritis. Hence it has become part of the commonplace of medicine that all cases of severe or persistent headache should be examined with the ophthalmoscope. Persistent headache with double optic neuritis is strong presumptive evidence of coarse disease of the brain. The ophthalmoscope enables us to see the actual extension of a process that is taking place far back within the cranium. I need not dilate on the enormous value of this fact. If the ophthalmoscope could do nothing else for us, this would make it an instrument of extraordinary use in diagnosis. These instances are sufficient to show you how ophthalmology contributes to the general efficiency of medicine.

Besides the essential portions of the organ of sight contained in the orbit and within the skull, we have certain accessories in the shape of muscles: the extrinsic muscles, to direct the movements of the eyeballs; and the intrinsic muscles, that affect the iris and lens. These are governed by very important nerves—the third, fourth, and sixth; and I shall have to show you that the movements of the eyeball and its focussing apparatus are often affected in such a manner as to give rise to optical difficulties.

If I have succeeded by these instances, hastily sketched out, in making my meaning clear, you will perceive that ophthalmology inclines on the one side towards the science of optics, and on the other towards neurology. I wish to impress upon your minds this borderland character of our study, because it gives you a clue to the direction in which we shall travel, and also because it shows that ophthalmology is not something separated from what you have already learned, but an additional aid to you in the most general work. I propose in this place to impart to you such instruction as may give you a clear view of your subject. I have already shown you that scarcely any lesion can occur to the visual organ in the orbit, the brain, or the accessory nerves and muscles, without producing optical disturbances. Some instruction therefore in the principles of the dioptrics of the eyeball you must have. Without such instruction you will be liable to err even in what may seem at first sight purely medical cases. I have already said that double optic neuritis and headache may presage coarse intra-cranial disease. But the same symptoms may be present, and on investigation prove to be due to a short antero-posterior diameter of the eyeball (hypermetropia). The prognosis between a case of cerebral tumour and a case that can be cured by a pair of spectacles is of course widely different, and yet the wrong opinion may easily be given. In the same manner an enormous proportion of cases of trigeminal neuralgia, that are even now too frequently treated with quinine, arsenic, belladonna, gelseminum, &c., are due to the same or a similar error of refraction, and are also curable by glasses. And squint, which is often thought to depend upon teething or worms, or the oblique example of a nurse-girl's eye, is in the majority of cases merely a condition of development determined by an error of refraction, and curable by its correction. Thus you will see the optical and nutritional functions of the eyeball are inseparably yoked together, and the one reacts upon the other, so that cause and effect frequently appear to change places, and the beginning in one case is the end in another.

ACUTE PARENCHYMATOUS MYOCARDITIS.

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CASE 3.—Eliza S——, aged twenty-four, single, was admitted on February 19th into St. Thomas's Hospital. She had been quite healthy up to the present attack. On February 15th she was seized with pain in her great toe, and on the 16th she could not walk, as her feet and knees were swollen and painful. On admission she had pain in both knees, both hands, and both wrists, with considerable effusion. She complained also of pain in the precordial region. Pulse feeble, 100; respiration quick and shallow, 60. Heart's impulse, the apparent apex, felt on a level with and just within the nipple. There was also pulsation, wave-like, in the left third intercostal space; superficial dulness increased a little upwards, reaching the nipple on the left, but scarcely if at all beyond the left edge of the sternum towards the right; heart's sounds somewhat muffled, but no murmur and no friction (? pericardial effusion, but, if any, very slight). No cough; tongue dry and coated; thirsty; appetite bad; sleeps badly; no headache; urine acid, slight trace of albumen. She was ordered ten grains of Dover's powder, fifteen grains of bicarbonate of potash, and ten minims of tincture of hyoscyamus, in an ounce of camphor-water, every four hours.—Feb. 20th: Pulse 144, small. Heart-sounds very feeble; no murmur; no friction. Pain less. Had a bad night. Patient looks very pale and anxious, complexion having a bluish tint. Has been very sick this morning. The vomiting was thought to be cardiac, and the patient was ordered a blister to the pericardium and some brandy. She got better and the vomiting ceased. At 4.45 P.M. her friends raised her up a little in bed to give her some food, and she fell back dead.

On post-mortem examination the pericardium contained a small amount of serous fluid; the right and left ventricles were considerably dilated. There was a little lymph upon the pericardium, but a good deal of sub-pericardial ecchymosis. The cavities contained a considerable amount of firm decolourised clot, which was probably forming for some time before death; this was adherent in the right auricular appendix. The left ventricle was much dilated; the valves healthy. The pulmonary arteries contained in their larger branches clots, probably post mortem, but further on they were obstructed by what might have been emboli. The walls of the heart below the endocardium looked uniformly pale and streaky to some depth, and in the substance of the muscular tissues were numerous large patches. The spot at which this appearance was most marked was about the junction of the upper with the middle third of the left ventricle. At this point the heart appeared bulging, and approached nearest to the surface, corresponding closely with the spot at which the pulsation of the apparent apex was described above. The spleen was considerably enlarged. The knee-joints, which were still somewhat swollen, contained a good deal of golden-coloured, rather viscid, and somewhat turbid fluid, but beyond a slight vascularity of the synovial fringes there was nothing further abnormal. Microscopical examination showed that in these white patches in the heart the muscular tissue had undergone acute granular (fatty) degeneration, its fibres being converted into granular cylinders. There was no intestinal growth.

This case, again, is complete, and the necropsy demonstrated the very advanced changes in the muscular tissue of the heart, and explained fully the clinical condition of the patient.

In the next case the patient also died, but no post-mortem was permitted.

CASE 4. *Probable myocarditis; death; no necropsy.*—I saw the patient in consultation with Dr. Rosser of Croydon. The account of the case is taken from the brief notes which I made at the time. Mr. C——, aged thirty-six, almost immediately after his return from a short visit to the Continent, was seized with pains in the joints, which Dr. Rosser thought to be probably due to rheumatic fever, and ordered

him to lie up at home. There was no history of any previous illness, and the patient had been in his usual health the only change from his usual condition being that he had gained flesh rather rapidly during the last two years. From the commencement of October, when the attack came on, until October 16th, the joint pains had continued, though they were not severe, and the temperature remained about 101° or 102°. On the 16th the respiration became rapid (40), and the patient complained of shortness of breath; the pulse was 140 and ill-sustained. I saw the patient on October 18th. He sat propped up in bed, being unable to lie down from shortness of breath. The respiration was panting and laboured; the complexion somewhat dusky; the pulse rapid and small. The lungs were congested; the heart-sounds extremely feeble, but the apex-beat could not be felt nor the cardiac dulness determined on account of the obesity of the patient. No murmur or friction was audible. The temperature was 102°. There was slight general œdema, but no albumen in the urine. The patient was much troubled with flatulence, and his appetite was poor. It was clear that the heart was the organ chiefly in fault, and stimulants and digitalis were ordered. On October 21st the patient seemed a little better, and the œdema was less; but he had been slightly delirous at night, and seemed a little wandering, even in the daytime, when I saw him. On the 22nd the delirium had increased, and the patient was more feeble. The same treatment was pursued; but the weakness increased, and with it the delirium. He gradually sank, and died the next day. No post-mortem examination could be obtained, so that absolute demonstration of the cause of the illness is not forthcoming; but I consider that I was justified, from the clinical evidence, in referring the case also to the same group as those preceding—viz., the group of acute myocarditis.

The next case was developed in the course of rheumatic fever, the patient, however, recovering completely. It was published in the St. Bartholomew's Hospital Reports for 1878, in an article on Rheumatic Fever.

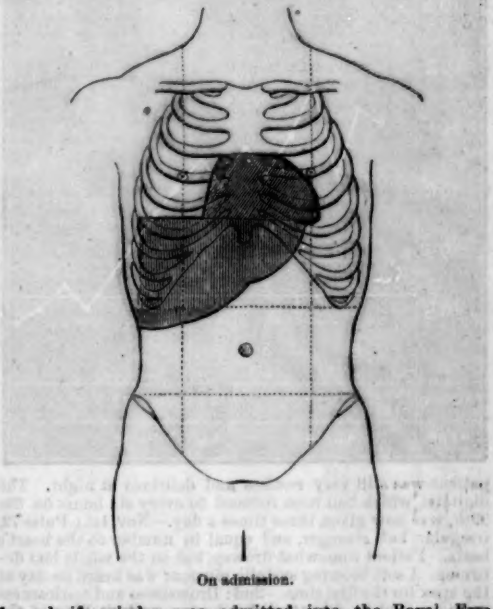
CASE 5. *Rheumatic fever; myocarditis; recovery.* — John H——, aged fifteen, was admitted on Nov. 15th, with rheumatic fever. It was his first attack, and he stated that he was taken ill on the 11th, and that on the 12th he had severe pains in his joints. On admission the temperature was 102·5°, which rose towards evening to 103°, and many of the joints were in a state of rheumatic inflammation; but what was most striking about the case was the dusky, half-cyanotic tint of the complexion and the embarrassment of his respiration. The distress of the patient rendered much examination undesirable; but it was clear that there was no pericardial effusion, and friction-sound was absent. The patient complained of no pain in the chest, and his expression was not that of severe pericarditis. On auscultation, the heart-sound was so weak as to be almost imperceptible. The first sound was just audible within the apex-beat, but that was all. The next day the patient had lost nearly all the pain in his joints; but the dusky tint persisted, though perhaps it was not quite so marked, and the heart-sounds began to be more audible. No friction; no murmur. Temperature 101°; pulse 96, dicrotous; respiration 30. — Nov. 17th: No pains; temperature 98·6°; cardiac dulness slightly increased upwards and to the left; no friction; slight amount of albumen in the urine.—18th: The patient looks more dusky and pinched; is very drowsy; has no pains, but has been sick several times during the last twenty-four hours, especially after food. Cardiac dulness increased towards the right, reaching to the right edge of the sternum; apex not to be felt; heart-sounds very feeble, as yesterday; temperature 99°; pulse 84, very dicrotous. As it was thought some of the sickness might be due to the salicylate of soda which he was taking, it was stopped.—19th: Better; pulse 76, dicrotous; heart-sounds very feeble, especially the first apex-sound; no friction; no murmur; no albumen in the urine. The patient now commenced gradually to improve. — On the 26th this note was taken: Heart very feeble, at the apex first sound weak, second prolonged; no murmur; deep cardiac dulness increased slightly upwards, but more considerably towards the right.—29th: Cardiac dulness less than on the 26th; sounds still very feeble, but stronger than they were; faint systolic murmur within the apex, loudest at the left base over the pulmonary valves, at the base the sounds were hardly audible at all. From this time the heart gradually recovered itself, but convalescence was interrupted by a short relapse, and subsequently by slight pleurisy at the right base behind. When the patient was discharged at the end of December the cardiac dulness was normal, and there were no traces of cardiac lesion.

This case was by far the most serious of the forty cases referred to in the paper quoted as regards the general condition of the patient during the acute attack, so much so that on November 18th his state was such as to cause very grave anxiety. It was evident that he was suffering from some affection of the heart, but it was also clear that it was not pericardial, and equally clear that it was not endocardial. The only conclusion to be drawn, therefore, was that it was myocardial. It is often stated that it is doubtful whether recovery has ever taken place after myocarditis. This of course refers to general myocarditis, for the scars found not unfrequently in the muscular tissue of hearts post mortem are sufficient evidence that partial myocarditis is not by any means necessarily fatal. If the interpretation of the above case is correct, and it is difficult to see what other will account for the symptoms, an additional interest is given to it from this fact.

The next (sixth) case differs from those described only in the fact that a faint systolic apex murmur was left after the patient's recovery; but inasmuch as prior to this illness there had been three attacks of rheumatic fever, with cardiac symptoms since the last, this lesion was probably of old date, and not connected with the present attack.

CASE 6. *Myocarditis; history of old rheumatism; recovery; persistent systolic apex murmur.*—James C——, aged forty-four, knife-grinder, was admitted into the Royal Free Hospital on Oct. 26th, 1883, with cyanosis and dyspnœa. When four years old he had his first attack of rheumatic fever. The date of the second attack is uncertain, but the third occurred at the age of thirty-seven. For three years before this, and ever since, he had been troubled with dyspnœa, palpitation, and pain in the cardiac region on exertion, and for the last three years had suffered from winter cough and cold hands and feet; recently he had been losing flesh. His present illness had been coming on gradually. The patient was a spare, thin man; the face and body were cold to the touch; skin dusky and mottled; the mottling being most marked on the lower extremities, where it formed round the ankles livid patches, and upon the legs small circular but not petechial spots. Except for slight general bronchitis the lungs were healthy, but the respiration was chiefly abdominal. The impulse of the heart was felt in the fifth intercostal space, slightly outside the nipple, but was not visible. The area of cardiac dulness (see Fig. 1) was

FIG. 1.

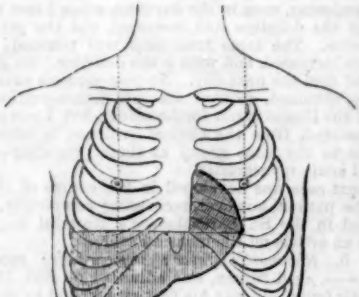


On admission.

increased upwards and outwards, and reached a little way beyond the right border of the sternum. The heart was beating very rapidly, about 188 in the minute. The sounds were short, sharp, and faint, like the ticking of a chronometer, this peculiarity being most marked just to the left of the sternum. No distinct friction or murmur was audible. The radial pulse was very weak and fluttering; it was difficult to count, but was about 150 in the minute, showing a loss of thirty to forty beats as compared with the heart. The abdomen was resistant, and the liver was enlarged downwards, reaching to about two and a half to three inches below the ribs. The tongue was clean and moist, the bowels regular, and the appetite bad. The urine was alkaline, sp. gr. 1022, and contained some albumen. Temperature 101·4°. The patient was excitable, restless, and somewhat delirious. He was given ten minims of tincture of digitalis and ten grains of bromide of potassium every four hours, with light food and some brandy.—Oct. 31st: The condition was much the same; there was the same panting dyspnœa, but the cough seemed more troublesome. The expectoration was scanty and viscid. The temperature, which had been gradually falling, was to-day 99·8°; the pulse 80, irregular, but much stronger, as were also the heart-sounds; respiration 36 and shallow as hitherto. The food was taken better, but the

patient was still very restless and delirious at night. The digitalis, which had been reduced to every six hours on the 29th, was now given three times a day.—Nov. 1st: Pulse 72, irregular, but stronger, and equal in number to the heart's beats. Patient somewhat drowsy, but on the whole less delirious. A soft blowing systolic murmur was heard to-day at the apex for the first time.—2nd: Drowsiness and restlessness continue, and to-day there has been some twitching of the arms and legs. Breathing still difficult and panting, but the heart's action is steadier, slower, and stronger. Pulse 76, irregular, like the heart, but of good volume and more power. The patient complained to-day of "feeling very bad."—5th: The drowsiness has continued during the last three days, but the delirium has given place to slight wandering only at night-time. The heart and pulse beats, which were still irregular, were now much slower, the latter varying from 48 to 56 only in the minute. The albumen had quite disappeared from the urine. The digitalis and bromide of potassium, which had been on the 3rd increased again to every six hours instead of three times a day, was now stopped entirely, and a mixture of solution of strychnia (fifteen minims) with ether and ammonia substituted with great advantage; for the pulse rose to 60 next day, and in the following days continued to rise to 70 and 76; but though the drowsiness became less, there was more delirium, especially at night, due no doubt to the giving up of the bromide. The temperature, which fell on the 2nd to normal, did not rise again during the illness. (See chart.)—13th: Systolic apex murmur well marked. Patient began to take solid food with enjoyment, and the brandy was reduced from 6 oz. to 3 oz.—15th: The liver had returned almost to its normal dimensions, and the cardiac dulness was much reduced. The improvement was steady, and with increase of strength the loudness of the murmur increased.—22nd: The medicine was altered to perchloride of iron and strychnia, with ether and chloroform.—Dec. 3rd: The cardiac dulness could hardly be detected to the right of the sternum, and the systolic murmur, though distinct at the apex, could not be heard far into the axilla, and was hardly audible at all behind. The patient was now allowed to sit up for a short time; but, as this seemed to cause some breathlessness, he was kept in bed again, but on the 21st he was able to be up without discomfort. Pulse 116 while standing.—31st: The patient could walk about without discomfort. The cardiac dulness, though still increased, was much smaller than before, and the apex murmur could not be heard. This, however, varied. On some days it seemed absent, and on others it could be heard, but never more than faintly.—

FIG. 2.



On discharge.

Jan. 5th: The patient was discharged at his urgent request but on the 15th he returned, finding himself not strong enough for work, which he had tried to do and failed. The condition of the heart on the 16th was as follows: Apex under nipple in fifth space, the cardiac dulness a little increased upwards and outwards, but not reaching beyond the left edge of the sternum. (See Fig. 2.) Systolic apex murmur heard faintly immediately over apex beat and nowhere else. This murmur varied in intensity from day to day, but was never loud, and could at no time be heard anywhere except in the immediate neighbourhood of the apex beat. The patient rapidly gained strength, and left the hospital fairly well.

The next case differs from all the rest in the fact that the myocardial symptoms were associated with evidence of fresh endocardial and pericardial mischief. This case forms a link between the rarer primary myocardial inflammation and those more common forms secondary to or associated with lesions of other parts of the heart substance.

(To be concluded.)

A POLISH surgeon, Dr. Roman Oswald, who went to the Servio-Bulgarian war to render professional assistance, was shot in the battle of Slivniza, the wound necessitating amputation of the leg.

ON

TREPHINING IN EPILEPSY RESULTING FROM OLD FRACTURE OF THE SKULL.

BY HENRY E. CLARK, F.F.P.S. GLASG., M.R.C.S.,
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THE case of traumatic epilepsy recorded by Mr. Holmes in THE LANCET of September 5th, 1885, recalls to my memory a somewhat similar case under my own care, the details of which may be of interest as a contribution to a rather difficult subject. As the result is much more favourable than in Mr. Holmes's case, and two years having now elapsed since the operation, my communication may serve to correct a little the unfavourable impression which his note undoubtedly leaves.

J. M'L——, a boy twelve years of age, a native of Campbelltown, first came under my notice in July, 1883, having been sent to me by Dr. Middleton. Between five and six years before he had received an injury to his head, and there was at this time present a depressed cicatrix over the right frontal eminence, evidently the consequence of a fracture of the skull. About six months before I saw him he began to have epileptic fits; these at first were infrequent and mild, but had latterly increased in number and severity. He was put on small doses of bromide of potassium combined with borax, and was kept on this treatment for about eight weeks, but with little or no improvement; he therefore became an inmate of ward 16 in the Glasgow Royal Infirmary on September 22nd, 1883. We were now able to observe him closely, and were satisfied that the fits were essentially epileptic. The boy always became completely insensible, the convulsive movements were general, and it was impossible to make out that either side of the body was more affected than the other; there was no foaming at the mouth, but the characteristic pallor was well marked. On the day following his admission he had a fit while I was in the act of examining him, and at the instant I made pressure on the cicatrix, but on no subsequent occasion were we able to produce the same result by this means. There could scarcely be said to be a distinct aura preceding the fit, but after he had been under observation for about six weeks he stated that before the fit came on he felt some pain in the cicatrix; we rather suspected that this statement was made to satisfy our oft-repeated inquiries. The mental state was not quite satisfactory; he could not be said to be idiotic, but he was clearly not so sharp as a boy of his age should be. In the ward he was regarded as "not all there." From the time of his admission a record of the number of fits was kept, and for about a month his temperature was taken night and morning. It is unnecessary that I should give the latter particulars, as there was no distinct deviation from the normal, but the statement of the number of fits each day during the month of October will be useful for comparing with the state after operation, and I therefore append it:—

Date.	No. of fits.	Date.	No. of fits.
October 1st	2	October 17th	1
" 2nd	1	" 18th	4
" 3rd	2	" 19th	5
" 4th	3	" 20th	2
" 5th	5	" 21st	1
" 6th	2	" 22nd	2
" 7th	4	" 23rd	1
" 8th	2	" 24th	4
" 9th	3	" 25th	2
" 10th	5	" 26th	3
" 11th	2	" 27th	2
" 12th	2	" 28th	4
" 13th	4	" 29th	2
" 14th	5	" 30th	3
" 15th	5	" 31st	5
" 16th	4		

Total number of fits, 92.

Before admission the patient had on more than one occasion bitten his tongue when in a fit, and while under observation in the hospital he twice created some stir in the ward by being seized with a fit while eating, a morsel of bread thus getting into his air-passages, which was only dislodged by the house-surgeon promptly inverting him and thumping him on the back. I have no reason to doubt that in the latter instances he ran serious risks of suffocation, and this circumstance had some weight with us in deciding upon operating. Although he was taken into the hospital with a view to trephining being performed, there was so little to indicate any localised lesion of the brain, so slight a reference of the origin of the fit to the site of the injury, and so long a time had elapsed between the injury and the commencement of the seizures, that I had much difficulty in making up my mind to perform the operation. However, after he had been nearly two months an inmate of the ward, it was finally decided that the experiment of trephining should be tried.

The operation was performed on Nov. 14th with antiseptic precautions (including the spray). A crucial incision was made down to the bone at the site of the old injury, and the flaps and the periosteum being turned back, a medium-sized trephine was applied and a disc of bone removed. There was not found to be any spicule or rough edge of bone projecting inwards, and the dura mater was perfectly healthy and its pulsation normal; but there was found to be general thickening of the frontal bone at the part where the trephine was applied, the bone measuring fully three-eighths of an inch in thickness, which is certainly excessive for a boy of that age. The circle of bone removed was reinstated after its inner edge had been bevelled off, so as to prevent its pressing on the dura mater; a notch was also cut on the side of it to serve for drainage, and a few pieces of carbolised catgut were inserted to act as a drain. The flaps were then brought together with catgut stitches, and the wound dressed with carbolic gauze.

The next morning, when I saw him, he was sitting up in bed, and the nurse reported that she had difficulty in preventing him from getting up and playing with the other boys. There had been no rise of temperature, nor was there any throughout the further progress of the case. The wound was dressed antiseptically on Nov. 17th (three days after the operation), then on the 24th, and lastly on the 28th, after which, the wound being now superficial, it was dressed with boracic lint alone. The restored circle of bone did not necrose, as we thought might possibly be the case, but united satisfactorily to the part whence it had been taken. The operation therefore caused the least possible disturbance, and the integrity of the skull was only temporarily interfered with. The point of special interest, however, was the effect on the fits. These did not cease, as we had hoped might be the case, but they were materially diminished in number and were much less severe; the insensibility was now incomplete, the convulsive seizure much less marked and shorter in duration, and, as is shown by the following table, free days alternated with those on which the attacks took place:—

Date.	No. of fits.	Date.	No. of fits.
November 14th	2	November 30th	0
" 15th	0	December 1st	2
" 16th	2	" 2nd	0
" 17th	0	" 3rd	3
" 18th	2	" 4th	0
" 19th	0	" 5th	2
" 20th	3	" 6th	0
" 21st	0	" 7th	1
" 22nd	4	" 8th	0
" 23rd	0	" 9th	2
" 24th	4	" 10th	0
" 25th	1	" 11th	2
" 26th	1	" 12th	0
" 27th	0	" 13th	0
" 28th	0	" 14th	1
" 29th	1		

Total number of fits, 33

From this time the seizures became much less frequent, and when dismissed from the ward on Jan. 12th, 1884, he had not had a fit for a week. Since his dismissal he has been under the observation of Dr. M'Neilage of Campbelltown, who writes to me under date of Sept. 11th, 1885: "The lad, J. M'L——, has just been here to report himself, at my request. For sixteen months prior to April of this year, covering the whole period since his discharge from hospital, and up till April, he was perfectly free from epileptic fits. His mother states that four times since then he has had slight attacks in bed, generally early in the morning; she attributes these attacks to over-indulgence in sweets, and

has a suspicion that he suffers from worms. She states that the attacks were slight, and that he did not seem to be hazy mentally after them, and that, whereas he was formerly childish, his mind is now quite vigorous. His general health is very good, and his condition mentally and physically much improved."

Remarks.—Trephining for epilepsy is by no means a novel operation, having been practised many times in the early part of the present century, and even dating as far back as the middle of the seventeenth century. Echeverria, in two admirable papers in the *Archives Générales de Médecine* for 1878, collects 145 cases where the trephine was used for the relief of epilepsy, and I have been able to collect about fifty more. In a very large number of these the lesion was a gross one, being either a compound fracture of the skull with large or deep depression, an extensive syphilitic caries, or a tumour connected with the dura mater. The case just detailed differs from these in the apparently slight change which had taken place at the site of the old fracture, nothing but a general thickening and slight condensation of the bone having been found. In this respect, however, my case is not singular, for in a patient operated on by W. Parker, an American surgeon, there was nothing found but abnormal thickening and density of the bone, yet as the result of the operation the symptoms passed off, and at last report, two years after the operation, the patient was well. A similar case is reported by Brainard of Chicago, another cited by Russell, and a third as far back as 1771 by La Motte; while in recent years parallel cases have been detailed in full by West of Birmingham, Bellamy and Lees of London, and one or two have occurred in the practice of my colleagues. The long period which elapsed between the injury and the onset of the disease led to a little doubt in our minds as to whether the injury and the disease stood in the relation to each other of cause and effect; yet we find the interval is small compared with what it was in one of Echeverria's cases, where the fracture of the skull took place in infancy, and the epilepsy did not show itself till the patient was eighteen years old.

It should not be forgotten that cases of traumatic epilepsy invariably tend to grow worse, and are little, if at all, affected by medical treatment; they are most commonly accompanied by distinct enfeeblement of the intellect. In this lad, this amounted only to his being regarded as "not all there," but in not a few patients it develops into some definite form of insanity. Echeverria dogmatically asserts: "Once declared, traumatic epilepsy caused by injury to the head leads to early insanity or to feebleness of intellect.[1]

The question of localisation unfortunately did not come into my case. The injury being in the frontal region and not implicating the motor area of the brain, we could not expect any distinct localisation of the convulsive seizures; but this formed one of the difficulties in the way of deciding upon operation, and we were equally in want of a definite aura, or the existence of pain in the cicatrix. It is true that he did sometimes tell us that he felt pain in the old wound just before the fit came on; but he had been asked the question more than a dozen times before the symptom appeared, and we had a strong suspicion that he fitted this manifestation to our wishes.

The cure was not immediately effected, and indeed we were rather disappointed with the small improvement that was at first apparent. Contrasting, as our case did, in this respect with such remarkable cures as that of Cline, where the patient had his last epileptic fit on the operating table immediately before the disc of bone was raised, this disappointment was natural; but it is noticeable that in similar cases where there was a gross lesion, such as a large depression of bone, a projecting spicule, or a clot, the relief was immediate; but in those which showed simply chronic thickening and induration of the bone the seizures continued for some time after the operation, but were less frequent and much milder. We were satisfied that although we had so far gained that the fits only occurred on alternate days, there was the irritation of the wound to be considered in accounting for their continuance, and, what was perhaps of more importance, the brain had got into a "habit" of periodic explosions, which took place almost automatically, and it was extremely difficult to break through this and upset its automatism. As the wound healed the fits became less in number and degree, and in about two months ceased altogether.

It may be asked in what way did the operation benefit the patient, seeing that no gross lesion was found? Now, I think we are too ready to believe that injuries of the brain may take place, depressions of bone press upon it, or thickened bone prevent its due expansion, and yet the individual be none the worse mentally or physically. It is true that many persons have performed all the duties of life in a fairly satisfactory manner after serious head injuries, and have lived for years in the enjoyment of good health with depression of one of the bones of the skull to the depth of half an inch or more; but I am satisfied that in all these cases, if a searching inquiry had been made, it would be found that there remained as the result of the accident enfeeblement of memory, loss of the power of application to study, or perhaps an inability to perform certain muscular acts, or at least to perform them with the same ease as before. Every accident of this nature, I believe, leaves its mark upon the brain, and, to my mind, the general hypertrophy of the frontal bone at and about the seat of fracture in this case was quite sufficient to account for the epilepsy. By removing a disc of bone the pressure on the brain at the part was taken off, and when reinstated the disc had been thinned so as not to press on the dura mater, but allow of free expansion of the brain. In more than one recorded case a depressed and neuralgic cicatrix served as the exciting point of epileptic seizures, without there being any thickening of the bone or dura mater; but I was satisfied that the cicatrix in this case was not the starting-point of the attacks.

One interesting detail in the operation deserves more than a passing notice—namely, the mode of dealing with the disc of bone removed by the trephine. It has been so much the custom to throw away this piece of bone that in my search through the literature of the subject the only cases in which mention is made of the re-implantation of the disc are those of my colleague, Dr. Macewen. As Dr. G. H. B. Macleod also informs me that he practised it on one occasion during last year, it is probable that other instances are not wanting; but I think I am safe in assuming that it has not been very generally done. In my patient it was most successful; the bone joined again as easily as if it had been a simple fracture, and the boy's skull is as complete as ever it was. That this is a decided gain over the condition so common after trephining—where an opening is left, covered indeed by a membrane, but often this covering is so thin that the pulsations of the brain can be felt or even seen—no one will probably be found to dispute, especially as the ordinary conditions of such openings is a source of possible danger to the patient throughout life. Putting aside, therefore, the value of this communication in its relation to the treatment of epilepsy, it has not been written in vain if it directs attention to the possibility of returning the bone removed by the trephine, and satisfies anyone that this is a safe and reasonable proceeding.

Glasgow.

[1] Archives Générales de Médecine, loc. cit., p. 551.

ON THE SYNTHESIS OF URIC ACID.

By P. W. LATHAM, M.A., M.D., F.R.C.P.,

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By adopting the following method I have succeeded in producing uric acid in the manner indicated by Horbaczewski. The precise details are here given, and the process can be very easily and successfully repeated.

I took thirty grains of glycocine and three hundred of urea, and put them into an ordinary test-tube (6 in. by ¾ in.). Having inserted a thermometer, to note the exact temperature, the test-tube was then placed in an oil bath, the temperature of which had been previously raised to 230° C. The bath was maintained at this temperature, and the heat so arranged that the bath could be raised in a few seconds to 240°. The mixture of glycocine and urea quickly melts; at 110° it begins to boil, and ammonia is given off; as the temperature rises it begins to froth up, and between 175° and 180° does so to a considerable extent. By raising the test-tube from the bath from time to time this action can be controlled, and the temperature kept at 180° for some minutes, until the ammonia comes off much less freely, and the mixture acquires a very faint yellowish tinge. The heat of the bath must then be rapidly raised to 240° and the temperature of the mixture

in the test-tube quickly raised to 210°. By lifting the tube from time to time out of the bath the temperature must be kept exactly between 210° and 212° for five minutes, when the mixture will acquire the colour of brown sherry, but remains perfectly clear. The test-tube can now be removed from the bath and allowed to cool, when the mass will assume a very pale fawn colour. The mass can now be almost dissolved in three ounces of warm water, and perfect solution takes place on the addition of solution of potash. The fluid is then supersaturated with ammonium chloride, and a considerable excess of ammonia added, otherwise a mixture of urate and cyanurate of potash may be precipitated. A mixture of two fluid drachms of the solution of ammonio-nitrate of silver of the British Pharmacopœia, the same quantity of the solution of ammonio-sulphate of magnesia and of strong solution of ammonia, is now added to the other liquid. A considerable brownish precipitate of the mixed urate and cyanurate of silver is thrown down. Let this stand for twenty-four hours and allow the precipitate to subside. Decant off the supernatant liquid, and wash the precipitate with water, to which a little ammonia has been added. Take now two parts of solution of potash, and, having saturated one part with sulphuretted hydrogen, mix it with the other part. Add sufficient of this solution to decompose the argentic precipitate, heat the mixture gently, and filter from the insoluble sulphide. To the filtrate add sufficient hydrochloric acid to produce a slight but distinctly acid reaction. Boil the mixture until all the sulphuretted hydrogen is driven off, and, on cooling, uric acid mixed more or less with cyanuric acid, with very little colouring matter will be deposited. Pour off the mother liquid and evaporate it down, when a further amount of uric acid may be obtained. The presence of uric acid at this stage is shown very distinctly by the murexide test. In the earlier stages the murexide reaction is very faint indeed. To separate the uric acid from the cyanuric, the crystals must again be dissolved in a little solution of potash, this supersaturated with ammonium chloride and ammonia, and the uric acid separated from the cyanuric by means of the ammoniacal solution of silver and magnesia, and the precipitated argentic urate treated as before. In this way, though the yield is comparatively very small, I have obtained extremely well marked crystals presenting all the characteristics when seen under the microscope of ordinary uric acid, and responding perfectly to the murexide test. Horbaczewski's first paper appeared in the *Berichte* for November, 1882, in which he directed the glycocine and urea to be heated to a temperature of 200° to 230° C. I tried the experiment then, but failed—owing, I now believe, to the temperature used being too high or too low. A second paper by the same author appeared in the *Monatshefte für Chemie* last May, giving further details, but simply directing the substances to be heated in a test-tube over a Bunsen's burner until the fused mass becomes opaque. This induced me again to try the experiment, and I am glad to be able to confirm the statement that uric acid can be produced in this fashion. Why I adopted a temperature of 210° to 212° C. in the experiment, and the bearing this synthesis has on the formation of uric acid in the animal body, I shall endeavour to explain in my lectures at the College of Physicians at the end of next month.

Cambridge.

ON THE

EFFECTS OF TOTAL AND OF PARTIAL DESTRUCTION OF THE SUPRA-RENAL BODIES.

By T. CHURTON, M.D.,

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THAT any disease which produces the essential or pathognomonic signs of Addison's disease must be capable of first entirely, or almost entirely, destroying the adrenals, seems a proposition likely to be established. Neither partial atrophy nor partial destruction by new growths appears to be able to cause obvious, or even perhaps clearly recognisable, symptoms and signs. A single case, however, of Addison's disease, or of symptoms practically undistinguishable from the group known by that name, without any disease of the adrenals, on the one hand; or a single case of entire or almost entire destruction of the adrenals, in which the symptoms of Addison's disease had been "observed not to exist," on the other hand,—would of course be fatal to the theory. It is said that these organs quite normally undergo atrophy in old people; but I wonder whether Professor Humphry would admit that. It seems possible, however, that if such atrophy be not quite normal in old people, the symptoms due to it might be in many cases less marked, as are the symptoms of some other diseases in them, so that even when present they may often escape notice. I shall return to this latter point. The first case to be now mentioned is a typical one according to the old view: complete caseation of both organs, and apparent absence of all other disease.

F. B——, aged nineteen, a farm labourer, of middle height, but spare build, dark-brown hair, brown eyes, and having several decayed teeth, was admitted into the Leeds Infirmary on Sept. 8th, 1884. He complained of weakness, giddiness, constipation, short cough with some expectoration, and loss of colour. He had not felt well for four months. His illness began with anorexia, obstinate constipation, gradually increasing pallor, and dizziness. He could not account for the illness. Nothing unusual had happened to him, except that at his work he was, of course, much exposed to the weather, and "one day he caught a cold" bad enough to remember; he had never been well since. His house and district were healthy. His family history, imperfectly known, furnished no clue. He had had no other illness since childhood. On examination, nothing remarkable was found in any of the chief organs. He seemed, however, strangely dull, slow and apathetic; and it was noticeable that his skin was somewhat dark and bronzed in many places; and several small, deep-brown, almost black, sharply defined spots were visible on his face and neck He said that these freckles had appeared since his illness began, and that their number was increasing. Temperature 99° and 100°. He had lost flesh. In the absence of signs of disease in other organs, a diagnosis of disease of the adrenals was made. On Sept. 27th, upon trying to get up and dress, the patient felt sick and prostrate; thenceforward he lay in bed. On Oct. 9th, at 3 A.M., he was found out of bed in a semi-maniacal condition, but the nurse was at length able to persuade him to go back to bed, where he lay quietly, except for occasional muttering, until 9 A.M. He then became completely maniacal—writhing, shouting, striking at persons near him, &c. After taking twenty minims of laudanum in an ounce of wine he became quiet in a short time, and remained so all day. During the attack the pulse was observed by Mr. Morris, the junior house-physician, to be quiet and feeble, and the respiration unaltered. Next morning, at about 8 o'clock, he again became maniacal; and as the opium and wine seemed then to have less effect, a dose of bromide of potassium with hydrate of chloral was given. He became quiet, but died in the evening. The adrenals were the only organs in which disease was found. Dr. Griffith, resident medical officer, gives the following account of the necropsy: "Body rather poorly nourished. Skin earthy-looking. Axillæ dark in colour. Many small dark spots on the skin, found on microscopic examination to be caused by increase of pigment in the rete Malpighii. Brain apparently normal. Much congestion and œdema of lower part of lungs; evidence of old pleurisy. Heart small; weight, 6½ oz.; right auricle contained large pale clot, passing into ventricle and pulmonary artery. The kidneys, liver, and spleen were normal to naked-eye examination, but on microscopic examination the small arteries and capillaries were found to contain an unusually large number of blood-cells. The supra-renal capsules were evenly and markedly enlarged, being each of them 2½ in. in width, 2 in. in length, 1 in. in thickness, and 1 oz. in weight. The cut surface, smooth and hard, had a white and rather cartilaginous appearance, with yellow patches interspersed—sections of caseating nodules. Microscopically, the greater part of them was found to consist of a small-celled growth with very numerous giant cells; the usual granular débris was found in those parts undergoing caseation. Many of the smaller arteries were affected with obliterative inflammation of the inner coat. No bacilli could be found. The semilunar ganglia appeared normal. There was no matting of the tissues around the adrenals, and no disease of neighbouring structures."

In the following cases I have recently observed at the infirmary more or less disease of the capsules has been

found which had not caused any recognised symptoms during life.

CASE 1.—Male, aged twenty-four. Strumous disease of wrist; amputation. Death from pulmonary phthisis. Ulcers in both small and large intestines. Each adrenal contained four or five caseous nodules larger than peas. Nothing remarkable in other organs.

CASE 2.—Female, aged forty-five. Cut throat. Mania came on two days after self-inflicted wound; exhaustion. Kidneys slightly granular. Spleen remarkably small. Œsophagus very thick. Small intramural uterine myoma. Right adrenal contained a cyst as large as a nut.

CASE 3.—Male, aged seventy-four. Death from hernia. Caseous growths in one testis, both epididymes, mesenteric glands, spleen, liver, kidneys, and in adrenals. Both adrenals were much thickened throughout by the caseous growth, but were not enlarged in other dimensions.

CASE 4.—Male, aged twenty-nine. Dropsy of cerebral ventricles, including fourth. Right adrenal contained blood. (About three years ago I saw a case of hæmorrhage into both capsules in a boy who died from a severe burn.)

CASE 5.—Female, aged forty-two, but looked older. Atheroma of vessels. Granular kidney. One adrenal contained nodules; giant cells were found in these. Nothing of the kind in other organs.

The adrenals are described in my notes as being soft and very friable in a woman aged forty-five, who had died of cancer of the peritoneum; and in a man aged thirty-four, who had died of septicæmia after excision of knee. They were thin and shrivelled in the case of a man aged fifty-three, who died of phthisis, and in a man aged forty-five, who died of pneumonia. And in many other examinations of old, of middle-aged, and even of young persons who died of various diseases, I have noticed that the adrenals were very thin walled, and either hollow or having easily separable sides. This is a very common condition. In the case of a woman aged sixty-nine, however, who died, not from disease, but from an accident, the adrenals showed no such wasting, but were as large in every dimension, and microscopically of as perfect structure as in young subjects. Nor could even this person be accepted as a specimen of healthy old age, since her kidneys were markedly granular.

In none of the cases briefly described above in which abnormality existed had any symptoms or signs been observed during life—in none of them, probably, were any looked for—indicating disease of the capsules. For my own part, I have not until recently thought of examining elderly patients for symptoms of Addison's disease, although it is not unusual to perceive a change in the complexion and in the colour of the skin of the arms and legs of old persons. But a short time ago I happened to observe that the hands of a gentleman aged seventy-two, occasionally seen by me in consultation, were as brown as those of anyone long exposed to the sun, although he very rarely left the house. On further investigation his elbows and abdomen were found to be distinctly brown, and the areolæ of the nipples very dark; and he voluntarily pointed out the change of colour in the abdomen and a large number of light-brown freckles which had recently appeared there. He has had an unusually weak stomach all his life, and during the last year or two has suffered from debility, nausea, sinkings at the epigastrium, small ulcers on the tongue, and periods of great depression; indeed, he never at any time feels any desire for exertion of mind or body, though his intellect and senses when roused do not seem to be much impaired, and he has no stiffness or special want of power in his limbs. Both his regular medical attendant and myself had been urging him to try change of air and scene, inasmuch as hitherto we had discovered no organic disease; but I have now become somewhat more cautious as to the language and arguments with which I encounter his decided opposition to the course we recommend; for it seems possible that his adrenals are atrophied; and the case of the woman of sixty-nine, whose adrenals were demonstrably perfect in size and structure, has made me doubt whether it is really normal for these organs to become atrophied in old age. The observations which have led to the opinion that such normal atrophy does occur may possibly have been made in hospital post-mortem rooms; but unless many old persons are brought there who have died shortly after accidents such an inference cannot be justified. I say many, for probably most of the street accidents of London and other large towns occur to persons who are not in good health, and who are in consequence less able to guard themselves against accident. Perhaps one might even venture to say that really healthy old people are not excessively numerous. It will, however, sometimes happen that a fairly sound man of over seventy years of age is killed: his are the organs to be investigated.

A NEW TREATMENT OF GONORRHŒA CHRONICA BY MEANS OF GROOVED BOUGIES.

BY LEOPOLD CASPER, M.D.,
PRACT. ARZT IN BERLIN.

THE extraordinary difficulty of healing some cases of chronic gonorrhœa is well known. There are men who have every morning an exudation, although they have tried every possible remedy against the evil. Frequently, especially after coitus, the chronic disease becomes acute, which often, more particularly in young married men, leads to disagreeable results. The difficulty of healing chronic gonorrhœa is to be sought less in the means used than in the way in which they are used. This will appear when we more closely consider the anatomy of the urethra and chronic gonorrhœa.

The male urethra is a tube from fifteen to eighteen centimetres long, which in its separate parts is constructed so differently that it appears unjust *a priori* to place a disease of one of these parts under the class named "gonorrhœa chronica." For the same reason that the cervix uteri is to be separated from the uterus, the pars spongiosa must be separated from the partes membranacea and prostatica. An inflammation of the pars spongiosa does not necessarily imply that the pars membranacea is also inflamed, or, *vice versâ*, that an inflammation has its seat in the membranous portion while the spongious part is normal. In fact, most cases of chronic gonorrhœa are located at the end of the bulbus, or at the juncture of the end of the bulbus to the pars membranacea. They begin as acute inflammation in the fossa navicularis and slowly extend to the bulbus. This will be clearly seen by the following:—Of 100 cases of callous stricture, about seventy occur in the bulbus, or at the place where the bulbus becomes the pars membranacea, twenty in the fossa navicularis, and ten in other parts of the pars spongiosa. Never does a callous stricture appear in the pars prostatica. The callous stricture being the result of gonorrhœa, the favourite seat of this disease will of course be the above-mentioned places, where strictures mostly occur. Although, as regards the pars cavernosa, the abundance of cavernous tissue will favour hypertrophy of the stricture-producing tissue in a higher degree than in the partes membranacea and prostatica still there would be more strictures in the posterior half of the pars membranacea and in the prostatic part, if all chronic gonorrhœæ were to extend to the bladder. Of course the inflammation sometimes extends to the posterior part of the urethra, but this is not a rule. In this respect the acute and chronic gonorrhœæ resemble each other. Rarely does the inflammation extend to the bladder in acute cases, whereas this frequently happens in chronic cases. Thus we speak of a "gonorrhœa anterior" when the inflammation does not pass the bulbus; if it extends further we call it "gonorrhœa anterior et posterior"; if the disease disappears before the bulbus and remains located in the posterior part of the urethra, we call it "gonorrhœa posterior." The bulbus is therefore a boundary in respect to the pathology of gonorrhœa. This will appear more comprehensible when we consider that the bulbus is also a boundary in an anatomical respect. The lamina media fasciæ perinei (Dittel) or the fascia perinei propria (Hyrtl), the important boundary between those organs which lie within the pelvis and those which lie outside of it, is closely connected with the bulbus. In front of this membrane is the pars cavernosa of the urethra, with the musculus transversus perinei superficialis and the musculi bulbo-ischiocavernosi; behind it is the membranous and the prostatic portion, with the glandes Cowperi, the prostata, and the important musculus constrictor urethræ, also called "compressor partis membranaceæ urethræ." This muscle is composed of two bundles, of which the upper lies above and the lower under the pars membranacea; both join at the median line, together with the same muscles coming from the opposite

side, so as to form a broad muscular ring to compress the urethra.

The importance of the bulbus as a boundary of the anterior and posterior urethra is apparent when we consider the treatment of gonorrhœa as hitherto practised—viz., injections by means of syringes. This method is suitable for most cases, but not for all, for the fluid injected into the urethra does not pass the bulbus without the use of force which no one would care to employ. If an injection is made slowly and with moderate pressure, the fluid extends to the front part of the urethra, and passes to the musculus compressor, but not beyond it; for, were this the case, the fluid would run through the posterior urethra into the bladder and remain there, whereas it is known that after a common injection the fluid comes back on removing the finger from the meatus. The in-going solution causes a reflex action of the musculus compressor, which results in a spasmodic closing of the urethra. The inefficiency of the usual syringes for treating gonorrhœa chronica posterior is therefore clear. At the same time we must remember that, if we wish to irrigate the posterior portion of the urethra, we must not push the catheter so far that its point touches the bladder; for in this case the catheter fills the urethra, and the injected fluid flows out again through the eye of the catheter without having touched the walls of the urethra.

Concluding from the foregoing that (1) all that which gathers before the musculus compressor in the urethra flows towards the orificium cutaneum, and that (2) a fluid gathered in the posterior part of the urethra runs into the bladder because of the inferiority of the musculus sphincter vesicæ internus as against the musculus compressor, we receive a hint as to the diagnosis between gonorrhœa anterior et posterior. If we see a drop on the orificium cutaneum, or that the lips stick together, or we find yellow spots in the washing, the gonorrhœa is surely seated at the bulbus, as all that which accumulates in front of the bulb flows towards the meatus. If these signs are absent the diagnosis is more difficult. The passing of a button-ended bougie causes in most cases only a slight burning and discomfort to the sound portions of the urethra, but when we touch a sore part the patient feels severe pain. If there is tenesmus, we have surely to deal with a gonorrhœa posterior; if tenesmus is present, if a drop appears on the orificium cutaneum, if the lips are glued together, or there is a spot in the washing, a gonorrhœa anterior et posterior is proved. On the other hand, if there is no tenesmus, we are not justified in the conclusion that there is no gonorrhœa chronica posterior. In acute gonorrhœa posterior tenesmus always appears; in chronic we often miss it.

The examination by means of the endoscope is always decisive, but the irritation which even the most careful introduction of this instrument will cause renders its application undesirable. Less painful and much more simple is the following proceeding. Tell the patient to hold his urine for five or six hours, and then to pass it into two glasses. If the first glass contains flakes or films, while the second glass remains clear, a gonorrhœa anterior may be diagnosed; should both glasses appear turbid, then a gonorrhœa posterior is present. To distinguish between gonorrhœa posterior and cystitis, which is likewise accompanied by turbid urine, is exceedingly easy; for, whereas in chronic posterior gonorrhœa the first portion of the urine passed is more turbid and contains more films than the second, in cystitis the reverse is the case. The reason of this is, that the pus formed in the bladder will, according to the law of gravitation, sink to the fundus vesicæ, and will therefore only appear in the urine expelled last.

Considering now the pathology of gonorrhœa, it is known that the inflammation, as differing from urethritis, does not remain in the mucous membrane. Beginning in the mucous membrane, it continues into the submucous tissue, in the corpora cavernosa, and in the muscles. The product of the inflammation is an infiltration of the cells of the diseased parts. This infiltration gradually becomes fibrous tissue (Bindegewebe), which in its turn produces the cicatrisation called "stricture." At the same time epithelial cells are formed, reaching to the surface of the mucous membrane and forming a thick epithelial stratum. The upper cells of this stratum, constantly sloughing, exfoliating, and mingling with the mucous secretion of the glands, constitute the exudation which characterises chronic gonorrhœa. The glands and lacunæ of the urethra are also affected. From the fossa navicularis to the bulbus there are many lacunæ Morgagni, from eight to twelve millimetres long and half a millimetre wide, and several Littré's glands. The catarrh extends to both glands, and Dittel considers the well-known flakes or films and the goutte militaire as a product of the catarrh of Littré's glands and of the sinus Morgagni.

From this short review, it is clear that many chronic gonorrhœæ already represent the first stages of strictures, or, as Otis calls them, "large-sized strictures," which naturally cannot be cured by astringent solutions, or even such as are fatal to gonococci. If they are to be cured, local pressure must be used to remove the cell infiltration, while medical treatment is adopted to affect the catarrh. For these reasons treatment with bougies against chronic gonorrhœa has been mostly practised. Some went a step further and used bougies covered with simple salves; others, as Unna, employed bougies covered with a paste composed of butyrum cacao and different medicaments, which dissolves at body temperature. Similar considerations influenced me in the treatment of gonorrhœa chronica. But the usual bougies and the bougies covered with salves and paste not being successful in obstinate cases, I tried a modification. I was convinced that the paste bougies did not sufficiently fulfil their purpose, for very often the bougie does not reach the bladder, because the narrow walls of the urethra will not permit it to pass with the hardened paste; consequently one would have to wait, as Unna says, until the paste was dissolved, and then the melted salves would not reach the places behind the stricture where the catarrh is very often located, and for which they are intended. Further, cacao butter should not be allowed to enter the bladder if it can be possibly avoided; for after such treatment I have seen a simple gonorrhœa anterior become a gonorrhœa posterior and a cystitis colli with severe tenesmus; twice I have observed epididymitis after it, but I cannot decide whether *post hoc* or *propter hoc*.

These considerations caused me to devise a method which would have the advantages of the combined mechanical and chemical treatment, and at the same time avoid the evils I have mentioned. For this purpose I constructed nickel-plated bougies with grooves. These bougies are slightly conical and twenty-five centimetres in length. They have six grooves, which are about a millimetre and a half deep, and become shallower towards the point, stopping entirely at about five centimetres from the point, so that the front part of the bougie is entirely smooth.[1] Into the grooves of these bougies I pour a paste, which hardens at the ordinary air temperature. With respect to the composition of the paste, I recommend the following:—Cacao butter, 100 parts; nitrate of silver, 1 to 1·5 part;[2] balsam of copaiba, 2 parts. I tried, also, other preparations, such as resorcin, iodoform, zinc, and iod-natrium, but found them all inferior to the nitrate of silver. With regard to the preparation of the bougies, I must lay stress on the fact that the salve must not be heated too much, for in that case the nitrate of silver would be reduced to silver and would be inefficient. Therefore, put about two teaspoonfuls of the paste into a small vessel and heat it slowly and carefully. The vessel must not become so warm that it cannot be touched with the bare hand. Such a degree of heat is not necessary to dissolve the paste, and, as I have shown, is injurious. Neither is it necessary to wait until the entire contents of the vessel are melted, for if so the already dissolved salve becomes too hot and reduced. After dissolving, the salve is poured over the bougie, which is horizontally laid over a vessel to catch the drippings. After the salve has become hardened the bougie is smoothed with any sharp-edged tool. Care must be taken that the smooth front part of the bougie is left uncovered by the salve. Before using, draw the bougie several times through the hand, the warmth of which will cause sufficient of the salve to melt to lubricate the metallic surface of the bougie. The smooth front part of the bougie is rubbed with glycerine so that the instrument, if the size corresponds to the diameter of the urethra, will easily pass. The grooved bougie leads the salve beyond the narrowed places. At the temperature of the body the salve melts in one minute.

The greater efficiency of medicaments in this form over injections is clear, as the oily cacao butter will keep the

[1] Weiss and Son, of 287, Oxford-street, London, manufacture these bougies, for which an English patent has been applied for.

[2] Old-standing cases require more than one part of nitrate of silver, but I should not recommend more than 1·5.

ingredients in closer and longer contact than water. As to the glands and laminæ of the urethra, it is probable that the thick fluid matter enters them more easily after they have been dilated by the bougie. Of the bougies described, I use Nos. 18 to 23, French (Charrière). I never use smaller than No. 18, but prepare the urethra with soft bougies until this size will pass. As soon as this is accomplished I begin the cure with my grooved bougies, which I pass daily. If there is difficulty in passing No. 18, I employ the same sized bougie the next day, and then pass on to No. 19, &c.

After using these bougies I have never witnessed a case of chill or fever, but I will not say that this could not occur just as after passing ordinary bougies. The pain or disagreeable feeling is not greater than that caused by the introduction of any other instrument into the urethra. Nay, the well-known burning in the urethra frequently experienced by patients in passing urine after the first application of the bougie will often be entirely absent. The longer the bougie is left in, the more favourable is the effect on the infiltration. Some patients feel burning and tenesmus after a few minutes, others after half an hour, and others still later. The time during which the bougie may remain in is dependent on these circumstances. Although the salve is so prepared that it cannot injure the normal parts, I avoid introducing it unnecessarily into the posterior portion of the urethra, whence it would flow into the bladder. I effect this by passing the bougie, in a case of gonorrhœa anterior, only so far that its point just touches the musculus sphincter vesicæ internus. As the grooves with the salve begin at a distance of five centimetres from the point, none or very little of the salve will flow into the posterior urethra. In a case of gonorrhœa posterior I push the bougie further, so that its grooved part lies in the partes membranacea and prostatica. Here we cannot avoid a little of the salve flowing into the bladder. The results I have obtained with this treatment are satisfactory. On an average I succeeded by ten applications to effect a cure of cases of chronic gonorrhœa which had before proved very obstinate. In a few cases twenty and more applications were necessary. Frequently after using a very small number of bougies a striking improvement was visible.

Whether a chronic gonorrhœa which no longer shows a secretion at the meatus will improve can be decided by simply examining the urine with the naked eye. The quantity of gonorrhœal flakes, their size, and length will diminish with the gradual process of cure. The microscope teaches us that at the beginning the thick flakes are almost entirely composed of pus-corpuscles, while epithelial cells are but few. With the improvement of the chronic gonorrhœa the quantity of pus-corpuscles diminishes, and that of epithelial cells increases, till at last but few pus-corpuscles are to be found here and there embedded in the epithelial cells. Thus we are enabled exactly to observe the different stages of chronic gonorrhœa. More than once I could readily, after two applications, perceive a difference in the composition of the flakes in so far as the proportion of epithelial cells to pus-corpuscles had changed in favour of the former. Altogether by this procedure I have cured about fifty obstinate cases of chronic gonorrhœa, which had resisted all other methods: twenty-seven of these had been cases of a year and a half's standing, twelve of more than a year's standing, and others less.

Berlin.

THREE CASES OF

SLOUGHING ULCER OF THE PENIS.

BY FREDERICK W. LOWNDES, M.R.C.S. ENG.,
SURGEON TO THE LIVERPOOL LOCK HOSPITAL.

CASE 1.—James P——, aged twenty-three, a coach-smith, consulted me on Oct. 22nd last for phimosis and ulcers. The inguinal glands on the left side were indurated. He first noticed the fact that he was sore a week after sexual intercourse, and he had been suffering for three weeks before he came to me, having been under the care of a chemist. Hearing this, I examined him very carefully, and as the prepuce could not be retracted, I syringed it out repeatedly with warm water. There was no offensive odour nor any evidence of slough. I ordered him to inject black wash under the prepuce several times a day, and to take a pill containing two grains each of grey powder and Dover's powder night and morning. Late in the evening of the 24th I was sent for to see him at his residence in consequence of hæmorrhage. On arrival I found a most offensive discharge coming from under the prepuce mixed with blood. I at once slit the latter up, and found that a considerable portion of the glans had sloughed away. The patient stated that the discharge began to be offensive in the evening of the 22nd, and that the bleeding had been going on all the afternoon. I stopped the pills and gave him a mixture containing carbonate of ammonia and laudanum, to be taken every few hours. There was no further hæmorrhage after the glans was fully exposed, and the parts were dressed with lead and opium lotion. The next day he was much better and the slough had separated. I therefore had the parts well dusted over with iodoform powder, which was repeated at short intervals. The patient made a rapid recovery. There was no induration or any other indication of syphilis, and the parts were perfectly healed in a few weeks.

CASE 2.—John D——, aged eighteen, a tramcar guard, was admitted into the Lock Hospital on Nov. 9th with phimosis and ulcers. He stated that he began to feel sore four days after sexual intercourse, and that he had been suffering for one month previous to his admission. There had been some hæmorrhage latterly, and he had received no proper medical treatment. I saw him on his admission, and, finding a most offensive discharge, at once divided the prepuce. Part of the corona glandis had sloughed away with a portion of the furrow between it and the inner prepuce, leaving so deep a cavity that I feared lest the urethra should become involved. Iodoform, in fine powder, was applied; a mixture containing carbonate of ammonia and laudanum was given thrice daily; and the patient was ordered to keep in bed. He progressed most favourably until 3 A.M. on the morning of the 14th, when severe hæmorrhage occurred from the wound. The resident superintendent (Mr. Serjeant) was called up, and, finding him in a very weak state, sent for me. On my arrival I found that the hæmorrhage, which had been evidently venous, had ceased, but the patient was in a very exhausted state. Brandy had been administered, and I ordered this to be repeated at short intervals. I cleared away all the clots, cleansed the wound, and plugged it up with lint saturated in a strong solution of perchloride of iron. There being no further hæmorrhage, in a few days the iodoform powder was resumed, and the patient completely recovered. There were no manifestations of syphilis, and it was evidently a case of chancroids taking on sloughing action from neglect, and exposure of the patient to cold and wet in consequence of his calling.

CASE 3.—Wm. D——, aged thirty-eight, seaman, was admitted into the hospital on Dec. 7th with a sloughing ulcer of the furrow, corona glandis, and part of the glans. It was superficial, was of short duration, and separated in three days, leaving a healthy surface. The treatment was the same as in the previous cases, except that strong opium lotion was used at first, followed by iodoform ointment. There was no hæmorrhage whatever.

Cases of sloughing ulcer are much less frequent than they were twenty years ago; hence the appearance of these three cases within so short a period seems to me to deserve notice. My connexion with the hospital as surgeon extends to ten years, and the comparative rarity of this form of sore, with its much greater frequency twenty-five years ago, when I attended as a student, is very striking. During a period of eighteen months I can remember three cases where the whole of the penis was lost, in addition to many others where there was considerable mutilation. My colleague, Dr. Bernard, who saw all the above cases, informs me that during his period of office, now nearly four years, he has had about four cases, two of which were complicated with hæmorrhage. We both rely upon opium, administered internally, as a most valuable remedy; and we also employ iodoform, partly as a very useful application in promoting the healing process, partly as a most powerful deodoriser to the horrible effluvium which generally arises from sloughing ulcers of any kind, wherever situated. A very convenient mode of application is by keeping it finely powdered in a box with a lid perforated like a pepper-box (though not quite so finely), and with one or two Tonquin beans, which render it more pleasant, but no less effective.

A Mirror
OF
HOSPITAL PRACTICE,
BRITISH AND FOREIGN.

Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tum aliorum tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv. Proœmium.

SEAMEN'S HOSPITAL, GREENWICH.

NECROSIS AND NON-UNION FOLLOWING COMPOUND FRACTURE OF FEMUR; AMPUTATION OF THIGH; SECONDARY HÆMORRHAGE; LIGATURE OF COMMON FEMORAL ARTERY; REMOVAL OF REMAINDER OF FEMUR; RECOVERY; REMARKS.

(Under the care of Mr. JOHNSON SMITH and Mr. TURNER.)

In this case, where an unsuccessful attempt had been made to save a compound fracture of the femur, there are several points of interest. The chief one is, as Mr. Turner remarks, the secondary hæmorrhage from the stump after amputation of the thigh, an operation which was only resorted to after the removal of much necrosed bone and the failure of attempts to cause union. The hæmorrhage was very profuse, and there was considerable difficulty in arresting it before the common femoral was ligatured. In cases of hæmorrhage from a stump such as this, the course open to the surgeon, provided the wound is too sloughy to permit the application of a ligature to the bleeding point, is to ligature either the external iliac artery or the common femoral. At one time the external iliac was ligatured by preference under such circumstances, but the greater ease with which the common femoral can be reached is an important consideration, and this case is an evidence amongst others of its efficacy. The cases of varicocele are an illustration of a method of successful operation for that disease. Although no injury to the joint followed aspiration of the knee in the case of fracture of the patella, so little good has been produced by it, in the operator's experience, that he is opposed to the practice.

William M——, aged eighteen, a sailor, was admitted on Sept. 12th, 1882, under the care of Mr. Johnson Smith. Four months before admission the patient fell down the hold of his ship and received a compound fracture in the middle of the right thigh-bone. The wound healed at sea. On admission there was about two inches shortening, and the femur was bowed outwards. There was but slight union, and the apposed ends of the upper and lower fragments of the shaft were much thickened by the deposit of new bone. Over the most prominent part of the outer surface of the thigh was a sinus leading down to the bare bone. Several sequestra were removed from this on Oct. 24th by Mr. Makins. During the winter and spring the patient suffered from renewed ostitis of ends of fragments, with much pain, and free discharge from the wound. In consequence of the necrosis, continuous pain, and exhausting discharge, amputation of the thigh just above the seat of fracture was performed by Mr. Johnson Smith in June, 1883. The soft parts were sodden and inflamed. A silk ligature was used for the femoral artery. This came away on the sixteenth day. Three days afterwards—i.e., on the nineteenth—very profuse bleeding, evidently from the main vessel, came on. This was temporarily arrested with considerable difficulty by Dr. Penny, by pressure on the stump and common femoral artery, until assistance arrived. Mr. Turner, in Mr. Smith's absence, tied the common femoral artery three-quarters of an inch below Poupart's ligament. A chromicised catgut ligature was used. There was no recurrence of the hæmorrhage, and the patient, as far as ligature of the artery was concerned, did well.

In August, 1883, the man came under the care of Mr. Battle, to whom we are indebted for the further account of the case. The patient was then complaining of much pain in the stump. There was a good deal of purulent discharge from the end of the stump, through three sinuses situated in the line of the incision; a probe passed into these came across carious bone extending for some distance up the remainder of the femur, which was considerably thickened. He was sallow and losing flesh, his appetite was bad, and he called out loudly for morphia injections to relieve the pain at night and give him sleep. On Aug. 28th he was placed under ether and the bone examined. This was found to be in a dry carious condition for a considerable distance, and was removed at the hip-joint. An attempt was made to reflect the periosteum, but was only partially successful. The wound was dressed antiseptically. He did well afterwards, having much less pain, and was soon able to do without morphia. An abscess formed over the front of the stump, but evacuated without incision. He got up towards the end of September, and left the hospital in October. The wound has since continued closed, and the stump is firm. Now (January, 1886) he is strong and muscular, and able to get about with considerable facility, wearing a stop-action artificial leg, and walking with the aid of a stick.

Remarks by Mr. TURNER.—The interest of the above case consists chiefly in the secondary hæmorrhage following the amputation of the thigh. The bleeding was so excessive that it is probable it was caused by an extension of sloughing and ulceration to the main vessel, above the seat of ligature, and that some considerable part of the artery had given way. Pressure or ligature near the spot was obviously out of the question; the tissues, even at the time of the amputation, were sodden and inflamed, so that the arterial coats on the occurrence of the secondary hæmorrhage must have been softened and diseased for some little distance above. The parts around the common femoral artery were healthy, and the catgut ligature easily applied.

TWO CASES OF VARICOCELE IN WHICH THE VEINS WERE LIGATURED BY KANGAROO-TAIL TENDON; REMARKS.

(Under the care of Mr. TURNER.)

A. B——, aged thirty, a sailor, was admitted in June, 1884, with a considerable varicocele on the left side. He complained of much testicular pain, amounting almost to neuralgia, and had been twice operated on before at other hospitals; on one occasion the veins had been subcutaneously divided between two hare-lip pins, in the manner advocated for varix by Mr. Henry Lee, and on another, a twisted silver wire had been applied round them. He was given ether, and an incision was made over the upper part of the scrotum exposing the cord. The vas deferens having been separated from the other constituents, an aneurysm needle was passed round the dilated veins and threaded with a kangaroo-tail tendon. The latter was then tied tightly round the veins in a double knot, cut off short, and the wound united with silver sutures. He did very well, and except for a little œdema of the scrotum he made a rapid recovery. He was admitted about six months afterwards for another cause, and was then free from all testicular pain, and there was no return of the varicocele.

The second case—also a sailor—requires no lengthy description. The patient had, however, not been operated on before. The veins were tied with kangaroo-tail tendon, as in the first case, and the wound united almost by first intention. The varicocele was cured—at any rate, for the time,—but he has not reported himself since. In both cases antiseptic precautions were employed.

Remarks by Mr. TURNER.—The above method of treating varicocele I first saw practised by Mr. Holmes. It has the advantage of simplicity; the wound can be closed and may unite at once; the operator can see exactly what he is doing; the vas deferens and attendant spermatic artery run no risk; and it is easy not to include the whole mass of veins, and consequently, the testis is in no danger of sloughing.

CASE OF FRACTURED PATELLA TREATED BY ASPIRATION OF THE JOINT.

(Under the care of Mr. TURNER.)

R. S——, aged sixty-six, was admitted on Dec. 11th, 1884, with a transverse fracture of the patella. There was considerable swelling of the joint, and the fragments were separated some two inches or more. Aspiration of the joint was performed, but only about half to three-quarters of an ounce of blood could be abstracted, although the bottle was repeatedly exhausted. There was no appreciable difference in the swelling after the operation; during its performance the tube was several times obstructed by blood-clot, which required removal. Martin's elastic bandage was applied, and no bad results of any kind followed. On the subsidence of the swelling the fragments were approximated by means of Malgaigne's hooks and strapping, and the patient made

a good recovery. On his discharge on Jan. 31st there was about half an inch separation of the fragments.

Remarks by Mr. TURNER.—The practice of aspirating the joint in cases of fractured patella has been resorted to some five or six times by my colleague, Mr. Johnson Smith, at the Seamen's Hospital. One case died the next day of cardiac disease, a result quite unconnected in any way with the operation. The other cases have been followed by no bad symptoms; except in one where the blood in the joint was fluid, very little has been drawn off, and no very evident good has followed the practice. At St. George's Hospital about a dozen cases have been treated in this way; some have derived benefit from it, but in others only very little blood has been withdrawn. No harm has followed in any case.

NORTH-EASTERN HOSPITAL FOR CHILDREN.

REMOVAL OF A PORTION OF A TRACHEOTOMY TUBE WHICH HAD BEEN LODGED IN THE RIGHT BRONCHUS FOR TWO DAYS; REMARKS.

(Under the care of Mr. RICKMAN J. GODLEE.)

WE are indebted for the following notes to Mr. C. D. Green, registrar.

A. L——, male, aged three years and a half. Tracheotomy was performed on Nov. 19th, 1884, for the relief of dyspnœa from acute catarrhal laryngitis; the child had been unable to breathe for more than a few minutes without the tracheotomy tube since the operation, but was otherwise in perfect health. On Nov. 14th, 1885, attention was drawn to the child not breathing comfortably, and on examination it was found that the shield of the tracheotomy tube it was wearing (a vulcanite one) had become displaced and the intra-tracheal portion could nowhere be found. A bent probe was introduced into the trachea, but no certain evidence of the presence of a foreign body was obtained. Another tracheotomy tube was introduced without difficulty, and the breathing was relieved. Two days later (November 16th) it was found that the breath sounds over the right lung were distinctly less than over the left, there were some general bronchitic signs, and the temperature had risen to 103° F. A careful search had been made for the missing portion of the tube, but it had not been found. It was then inferred that it must be lodged in the bronchus. Chloroform was administered through the tracheotomy tube, and the child being fully anæsthetised, the tube was removed and a pair of curved tracheal forceps (Mr. R. W. Parker's pattern) introduced through the tracheal opening, and the missing portion of tube grasped and removed, after several unsuccessful attempts both with the forceps and with a bent wire. It was believed that the bifurcation of the trachea was once grasped; there was a little bleeding, and a small piece of mucous membrane was brought away. The child had no bad symptoms, and is still under treatment for the restoration of the natural manner of breathing.

Remarks.—The fact of a second tracheotomy tube being worn during the two days preceding the removal of the foreign body, and the absence of urgent dyspnœa, leave little doubt that it must have passed beyond the trachea into the right bronchus, which it must have pretty completely filled; its smooth surface being covered with mucus, and the fact of the forceps readily entering its cavity, rendered it sufficiently difficult to grasp. It was removed without the slightest enlargement of the original tracheotomy wound, which, having been made over a year previously, was an aperture only just sufficient to admit the tube. The delay of two days was due to there being some doubt as to whether the tube had slipped down the trachea or had been otherwise lost.

ROYAL UNITED HOSPITAL, BATH.

TWO FATAL CASES OF PERFORATING ULCER OF THE DUODENUM; REMARKS.

(Under the care of Dr. Fox.)

For the following notes we are indebted to Mr. E. J. Cave.

CASE 1.—M. A——, a widow, aged fifty-six, general servant, was admitted on Jan. 10th, 1885. She states that she had an attack of "vomiting of blood" between three and four years ago, but has had no other illness, and enjoyed good health until two months ago. She then began to suffer from epigastric pain, at first only on taking food, but soon becoming constant, tormenting her night and day; it was, however, still aggravated by taking her meals. Within a week or two she began to vomit. The vomiting did not appear to be influenced by the ingestion of food, not uncommonly occurring at night, and she would vomit large quantities, almost a chamberful, two or three times a week. After an attack of vomiting the pain would cease for a few minutes. For the last month the vomiting has recurred more frequently, latterly two or three times every day, a much smaller quantity being ejected at each attack; and for the last fortnight the vomit has been dark, and, as she thinks, contained blood. From the commencement her appetite has been bad, and she has gradually lost ground, getting perceptibly thinner. Her bowels were mostly constipated until the day of admission, when they were open several times while in bed, the motions being quite loose and black. She has kept her bed for the last three days. The family history is unimportant, except that she had three miscarriages and twelve children at term, all of whom died within a year of their birth. All, she says, died of "dropsy"; none had a rash on the skin, nor did any of them "snuffle." There is no history nor sign of syphilis to be discovered in the patient herself.

On admission the temperature was 98°. She looked thin and anxious; eyes sunken; skin cold to the touch, and covered with a clammy sweat. The pulse could not be felt at either wrist. The tongue was rather dry, with a thin brownish fur. Respiration 40; rather sighing; purely thoracic. Lungs resonant in front; a little dulness at the bases posteriorly. Her collapsed condition precluded a complete examination. The heart's apex was very indistinctly felt in the fourth interspace, just inside the nipple line; sounds feeble and more clearly heard in fourth space than lower. Liver dulness began at the fourth space in the nipple line, and extended to the costal margin. Abdomen distended and tympanitic. Some little tenderness, generally diffused; no signs of fluid effusion: spleen impalpable. The urine was passed in the bed; but a little, withdrawn by the catheter, was acid in reaction and free from albumen. Opium was freely administered, but the collapse persisted, and she died in two hours.

The post-mortem examination disclosed intense peritonitis, with false membrane, puro-lymph, and chyle in the peritoneal cavity. In the first part of the duodenum, just beyond the pylorus, were two ulcers—one as big as a half-crown, with slightly thickened edges, sloping to the base; the other, in the upper wall of the bowel, was as big as a sixpence, clean, and punched out in appearance, with no thickening around. The base was perforated, permitting a free escape to the contents of the bowel. There was also a cleanly punched out ulcer in the lesser curvature of the stomach, nearer the œsophagus than the pylorus, and extending as deeply as the muscular coat. There were no other morbid appearances throughout the alimentary canal. The vessels appeared healthy to the naked eye, but the aorta was considerably atheromatous. The heart was healthy, with an adherent white patch on the pericardium. There was some collapse and œdema of the bases of the lungs. The liver, kidneys, and spleen were healthy. The contents of the intestinal canal were yellowish; there was no blood.

CASE 2.—H. H——, aged forty-five, a housemaid, single, was admitted in December, 1884. She enjoyed good health until a week before her admission, when she began to complain of pain in her abdomen and general malaise. Her bowels being constipated, she took some patent aperient pills, which procured a daily evacuation. On the evening of the second day before admission she attended a meeting of the Salvation Army, where she was taken suddenly ill and had to be carried home. The next morning she began to vomit, and for the previous twenty-four hours the vomiting is said to have been almost incessant, and she is said to have also had retention of urine.

On admission the temperature was 96°. She was in a state of extreme collapse, with rapid, feeble, almost imperceptible pulse. Lips livid; cheeks blue. Extremities very cold; skin cold and clammy. She lay on her back with her knees drawn up. Was very restless; complained of intense abdominal pain. Thoracic organs normal; respiration purely thoracic; no abdominal movement. Abdomen moderately and evenly distended, and everywhere tender, but the tenderness especially marked in the right hypochondriac region. The bladder contained about half a pint of normal urine, which was drawn off. She did not vomit after admission.

Opium was administered. She remained sensible, and died collapsed the same afternoon.

Necropsy.—General peritonitis. A good deal of thin brownish fluid in peritoneum. Some adherent lymph in the sulci between adjacent coils of intestine, here and there glueing them together. There was a round perforation in the anterior wall of the first horizontal portion of the duodenum, the perforation being the whole base of a small ulcer situated about half an inch beyond the pylorus. The edges were sharply cut and sloping, so that while the inner surface was as large as a fourpenny-piece, the perforated base was smaller, the ulcer being funnel-shaped. The rest of the alimentary canal was healthy; there were no other ulcers, and the vessels appeared quite healthy. There was slight atheromatous change in the aorta. The remaining viscera were normal in appearance. The morbid specimens in this and the preceding case were exhibited at a meeting of the Bath Pathological Society.

Remarks by Mr. CAVE.—Although these ulcers are comparatively rarely met with in the duodenum, yet clinically and pathologically they differ little from the common round ulcers of the stomach; they are only separated by the pylorus. The second case illustrates very forcibly the latent course which gastric and duodenal ulcers not very uncommonly pursue, and which is said to be even more common with duodenal than with gastric ulcers. These acute cases appear strongly to support the theory of causation by interference with the vascular supply first propounded by Virchow. Both these women were *in extremis* on admission to hospital; but keeping in view the recent advances in abdominal surgery, one would very carefully consider the advisability of opening the abdomen in similar cases seen at an earlier period and in less desperate straits. Beyond the fact of the sudden onset of peritonitis, the exact diagnosis of the primary lesion must often remain doubtful; and the question arises, Should the abdomen be explored in such cases? I think the answer must be in the affirmative.

Medical Societies.

PATHOLOGICAL SOCIETY OF LONDON.

Intra-cranial Tumours.

THE special meeting devoted to the Pathological Anatomy of Intra-cranial Tumours took place on Tuesday last before a most numerous gathering of members of this Society, the President (Dr. J. S. Bristowe, F.R.S.) being in the chair.

Dr. J. S. BRISTOWE showed a Tuberculous Tumour, the size of a marble, occupying the corpora quadrigemina and pressing on the iter a tertio ad quartum ventriculum. The boy was seven years old; had general paralysis and tremors of limbs and also of articulation, and bore clinically some resemblance to the general paralysis of the insane. Tubercular meningitis closed the scene. The case was published in full in *Brain*.

Dr. GOODHART showed a specimen of Gliomatous Enlargement of the Cerebellum, Pons Varolii, and Medulla Oblongata obtained from a boy aged nine years. The chief symptoms were staggering gait and difficulty in swallowing, inability to close the right eye, with complete right hemiplegia, occipital headache, some rigidity of left arm and leg, and a semi-comatose state. It was an illustration of a somewhat rare form of disease of which Dr. Wilks had shown a specimen to the Society in 1856, and on which Dr. Angel Money had read a paper before the Royal Medical and Chirurgical Society. The second specimen was a Psammo-sarcoma of the Brain growing from the junction of the tentorium with the falx cerebri and in the longitudinal fissure; it was of large size, but produced no tangible symptoms; the man died with malignant endocarditis and aneurysm. Two specimens of Tumours on Nerves at the Base of the Brain were shown. The first possessed one on each seventh nerve; it was removed at a post-mortem examination in 1873 by Dr. Goodhart. The case had been under the care of Dr. Wilks, and was that of a woman aged twenty-six. Deafness, with very severe pain in the eyebrow and forehead on the right side, with paralysis of the right eyeball, and the face drawn to the left side, were the chief symptoms. She was hardly able to walk, but there was no actual paralysis and no anæsthesia. The tumours were of a fibro-sarcomatous nature. The second specimen occupied the seventh nerve on one side. The patient had been five years deaf on the right side, and ultimately completely deaf. The voice was lost, and paralysis of the face had been present for three or four years. Some trouble in swallowing, so that the patient had to be fed with a tube, atrophy of the right sterno-mastoid, and aphonia, were the other chief symptoms. During life it was thought not to be a tumour, but a gummatous infiltration of membranes at the base of the brain. The next specimen was a more fibrous tumour, situate at the left Gasserian ganglion. There were anæsthesia of the face and severe pain, with ophthalmoplegia externa and interna. The optic disc was healthy. Large glands in the neck and cardiac murmurs were also noted. The patient died of cellulitis of the neck and arm, to which disease a tendency existed in her, for she had suffered from it two or three times previously. The tumour was found to press on the nerves in the wall of the cavernous sinus. A tumour of the temporo-sphenoidal lobe, taken from a lady aged sixty-six, was also shown. She had been epileptic throughout life, and imbecile for years. There was much pain and tenderness in the right temporal region, and the left side had been losing power one week. The left side of the face was paralysed, and the left arm powerless and rigid, but not the leg. The patient was not deaf. The diagnosis lay between tumour and apoplexy or softening. At the necropsy a tumour was found occupying the middle of the first temporo-sphenoidal convolution, and extending inwards beneath the lower part of the two central convolutions. This case was interesting from a point of view of localisation. The patient was not deaf, although the "auditory" centre was involved. In Dr. Goodhart's experience our knowledge of cerebral tumours was against the idea that many tumours could be submitted to surgical interference. Tumours tend to occupy the cortex, but did not flourish therein; they luxuriate in the white matter. They cause symptoms in proportion to the amount of cortex involved. Three conditions—(1) accessibility, (2) want of infiltration, and (3) reasonable size of tumours—were the requisites for surgical interference, and these conditions were, he submitted, but seldom met with together.—Dr. MONEY said that one of the objects of his paper was to show that "gelatiniform enlargement of the pons" was of a gliomatous nature.

Dr. FREDERICK TAYLOR showed, first, a Tumour of the Cerebellum from a boy aged nine. The chief symptoms were: pain, frontal and vertical; the right eye squinted outwards; inclination to the right in walking and falling to the right; he also walked unsteadily. On admission, there was paralysis of both external recti with other symptoms of intra-cranial tumour; increasing blindness and emaciation were followed by death. The glioma had a pinkish-violet appearance, and involved the floor of the fourth and the left half of the posterior part of the pons Varolii; it grew chiefly from the left side of the cerebellum; there was some internal hydrocephalus. The tumour was not distinctly encapsuled, and was of a gliomatous or a sarcomatous nature. The second specimen had been described in the Guy's Hospital Reports for 1879; it was a Glioma of the pons Varolii obtained from a man, aged forty years, in whom there was partial right hemiplegia. The third specimen was also a Glioma, occupying the frontal region and involving the right corpus striatum and adjacent parts, chiefly the right lenticular nucleus of the corpus, and not the caudate. The man suffered from rigidity of the left arm, left leg, and right arm, and lay in a semi-unconscious state, with double optic neuritis, but chiefly of the right side; the olfactory lobes were in a state of grey softening. The fourth specimen was a Fibro-sarcomatous Tumour growing out of one side of the flocculus of the cerebellum; it measured half an inch by one-third of an inch broad and a quarter of an inch thick, and gave rise to no demonstrable symptoms.

Mr. PEEKE RICHARDS showed a Tumour of Translucent Cystic Aspect, occupying the third ventricle, the size of a Tangerine orange. The specimen was referred to the Committee for Morbid Growths. The woman had been in Hanwell Asylum for six weeks, and was somewhat demented, but a state of extreme drowsiness, lasting twenty-three out of twenty-four hours, was the chief symptom; there was also left hemiplegia.

Mr. H. T. BUTLIN showed a Cerebellar Glioma of fourteen years' preservation. It was situate rather to the right of the middle line of the cerebellum, and had a spherical shape

with soft consistence and semi-translucent aspect. The tumour was single, and therefore primary. There was a history of a severe fall two months before admission into the Hospital for Sick Children; the blow struck the right side of the forehead. The corporeal movements were awkwardly performed, especially those of the left side, and there was continual shaking.—Dr. HALE WHITE, speaking of the influence of traumatism in the production of cerebral tumours, said he had examined 100 cases of tumours in adults, and found the proportion of ten males to six females to hold good in them as in children; he concluded that injury played but little part in the production of tumours.

Dr. ORD exhibited specimens and drawings of Tumours of the Cerebral Cortex, with a view of showing the possibility of localising lesions on the cortex. The first tumour occupied the left hemisphere at the upper part of the fissure of Rolando, involving the ascending frontal and the posterior parts of the two superior frontal gyri. The dura mater was thickened over the spherical gumma. The second specimen was from a case of tuberculosis, and occupied much the same cerebral area, but more of the posterior parts of the two superior frontal gyri, and it also extended deeply into the white substance. The symptoms were convulsions on one side, but no loss of consciousness in the first case, though unconsciousness was present in the second. The convulsions were followed by hemiplegia, at first partial, ultimately complete.

Dr. SAUNDBY exhibited a microscopic section and diagram of a case of Glioma of the Brain. Ataxic gait, with mental disturbance, but no distinct paralysis, were the chief symptoms, and death took place while in a comatose state. The growth involved the left second and third frontal convolutions, also the ascending frontal and the island of Reil, pressing on the corpus striatum of the left side. The second specimen was one of Multiple Tubercular Tumours, taken from a boy aged eleven, who had twitching of the left side of the face, with spasm of the left arm, and deviation of the eyes to the left. The lower half of the left ascending frontal convolution was the only lesion in the motor region, which was therefore on the same side as the motor symptoms. Other tumours existed in the occipital, temporo-sphenoidal, and hippocampal convolutions. These cases supported what Dr. Goodhart said in regard to the difficulty of localising tumours with a view to surgical interference.

Dr. COUPLAND showed (for Dr. MacDonald) a Cystic Tumour from the brain of a man aged fifty-two, who was admitted into an asylum for acute mania, on which dementia ensued six months before death. Right hemiplegia of slow onset and marked imbecility were the chief symptoms. The cyst covered the entire left hemisphere and caused considerable atrophy; there was no adhesion to the dura or pia mater, but a small vessel entered it from the pia mater. Dr. Macdonald regarded it as a congenital cyst. Dr. Coupland believed that it was a hæmorrhagic cyst, although bounded by firm investing membrane; microscopically, crystals and granules of hæmatoidin were discovered; the cyst was possibly of intra-uterine origin.—Dr. BRISTOWE said that in an early volume of the Transactions a large cyst of this kind was placed on record; there was no affection of the dura mater.

Dr. CHARLEWOOD TURNER brought forward a specimen of Tumour in the Left Hemisphere, taken from a man aged thirty-one, whose symptoms lasted three months, and began with a spasmodic seizure in the right arm and leg, and morbid creeping sensations down the same limbs, lasting five minutes. When first seen there was paresis of the right leg, but no anæsthesia. The tumour involved the centre of the white substance and those fibres which went to the anterior part of the corpus callosum, beneath the ascending frontal and parietal convolutions; it had a rounded triangular shape, and did not actually involve the grey matter. The growth was a soft glioma. The second specimen was a hard glioma, which began in the cortex and extended into the white matter; it came from a man aged fifty-five, whose symptoms lasted six months, and began with headache. He became unconscious at times, and left hemiplegia followed; also some hemianæsthesia. The posterior part of the parietal lobule, where it joins the temporo-sphenoidal lobe, was diseased in a line with the Sylvian fissure, and the growth extended into the posterior part of the corpus striatum and optic thalamus. In reply to Dr. Bristowe, he said he considered that a tumour in the lung of the first case was independent of that in the brain.

Dr. SAMUEL WEST showed a specimen of Tumour in the Temporo-sphenoidal Lobe taken from a man aged sixty-two, whose illness lasted six months and began with an accident, soon after which it was noticed that his speech was peculiar. He had also aphasia of the amnesic kind—i.e., loss of memory of nouns. He dragged the right leg, and later the right arm became weak, and other symptoms of coarse brain disease finally appeared. The tumour was situate in the left temporo-sphenoidal lobe, and did not reach the cortex, but displaced the basal ganglia and internal capsule towards the right. The presence of cavities in this soft glioma, which was primary and interesting from its size, extent, and position, was remarked upon. The absence of characteristic symptoms of tumour till three weeks before death was noteworthy, as was also the fact that he had occasional tremors, most marked on the left side. Dr. West considered that there might be some influence in the rate of growth in the production of symptoms.

Dr. HADDEN exhibited: (1) Drawings of the naked-eye and microscopical appearances of psammomata of the choroid plexus. (2) Specimens (with drawing) of a myxo-chondroma of the falx cerebri pressing on and embedded in the right paracentral lobule; there were no symptoms during life. (3) Round-celled sarcoma involving the white matter and deeper layers of the cortex of the left ascending frontal and adjacent parts of the second and third transverse frontal convolutions; the patient died soon after admission, but there was a history of numerous epileptic attacks. (4) Glioma involving the right caudate nucleus, the posterior two-thirds of the lenticular nucleus, the claustrum, external capsule, the posterior half of the motor part of the internal capsule, and all the sensory portion, as well as the upper two-thirds of the optic thalamus; the only localising symptom was slight anæsthesia of the left leg. (5) Simple cyst in the left lobe of the cerebellum, one inch in diameter, containing clear limpid fluid. There were no traces of old hæmorrhage or of hydatid membrane. The chief symptoms were paroxysmal occipital headache, vomiting, optic neuritis, and staggering gait.

The following gentlemen showed card specimens of tumours of the brain:—Dr. Lediard, Dr. Savage, Dr. Beevor, Dr. Ogilvie, Dr. Hebb, Dr. Ashby, Dr. Chaffey, Mr. D'Arcy Power, and Mr. Ernest Clarke (living specimen).

MEDICAL SOCIETY OF LONDON.

Moot Points in Syphilis.

LAST Monday, at this Society, Mr. JONATHAN HUTCHINSON, F.R.S., delivered his third Lettsomian Lecture; Dr. W. M. Ord, President, being in the chair.

The lecturer said that the number of important questions still undetermined in respect to the transmission of syphilis from parent to child is very great. Indeed, it is remarkable how comparatively young almost all our knowledge is on this subject. It is not long since contagion during parturition was held to be the only method by which the mother could convey syphilis to her child. Whether the father could transmit it was a vexed question, and this idea was ridiculed by a leading physiologist not many years ago. Almost everyone now accepts the doctrine that a tainted father may beget tainted offspring; but some of our best authorities hold that if a pregnant woman contracts syphilis it is quite impossible that her disease can hurt the child in her womb. Great and peculiar difficulties beset the investigation of the transmissibility of inherited syphilis. The evidence on questions relating to the inheritance of syphilis is but seldom absolutely conclusive; it yields at best only a strong probability. Mr. Hutchinson said that the general tenour of facts conveyed much more of conviction to his mind than did the seeming lesson of an isolated case, however clearly stated. The evidence which leads to the belief that the father can transmit syphilis independently of the mother is peculiarly of the kind referred to. It was next to impossible to prove that the mother has never suffered. Inheritance from the father is not only possible but common. It is possible that the mother may show but few symptoms of the disease, but that she always first receives the disease without the occurrence of primary and secondary symptoms is possible now and then, but it cannot happen often. It is common, however, for the mother to show no symptoms. Many years ago Mr. Hutchinson published a series of cases apparently confirming the observations of Ramsbotham, Harvey,

and others, that the fœtus might infect the mother, but there is the objection that the mother might possibly have had syphilis herself. We want proof of two things: (1) that a woman may carry a syphilitic child without herself suffering in any obvious manner, and (2) that although she shows no symptoms, yet she does in reality receive a taint. Of the first there was abundant proof; of the second the evidence was less convincing. Does Colles' law (that a sucking infant cannot infect the nipple of its own mother) stand the test of time? Mr. Hutchinson considered that it did. In not one case of chancre of the nipple in Mr. Hutchinson's experience was the infant which conveyed infection the offspring of the woman who acquired the chancre. To those who, with Kassowitz and others, doubt that the fœtus infects the mother, Mr. Hutchinson would suggest that there is nothing improbable in such an occurrence. The next question touched upon was the possibility of a mother who contracts syphilis during her pregnancy infecting the fœtus. Mr. Hutchinson has met with cases which appeared to prove the affirmative. He considers that it matters not whether the father or the mother be the cause of the inherited syphilis; its transmission is just as certain or uncertain, and the resulting disease does not differ in severity. Inheritance from both parents instead of one probably makes no greater difference to the child than does vaccination on both arms instead of one. Mr. Hutchinson was not forgetful that multiplicity on the part of the primary lesion does to some slight extent heighten the disease, but still contagion acquired or inherited from one source is sufficient for the full result. With regard to transmission to many children in succession, he remarked it was but seldom that proof could be obtained of a tendency to transmit syphilis extending over many years. But the lecturer narrated exceptional cases in which children of the same parents, though born at long intervals, yet suffered definitely from the taint, and in doing so he directed attention to some questions which are still matters of debate. (1) Is there any reason to believe that when syphilis shows itself in several children of the same family its degree of severity is less in the younger than the elder ones? (2) Is it usual for some children to escape entirely when elder and younger ones suffer severely? (3) When children in the same family show very widely different degrees of severity in symptoms during infancy, can anything be predicated from that fact as to their proneness to suffer later on in life? Mr. Hutchinson believes that there is no reason to think that the transmission of syphilis is ever a thing of less or more, but rather that if a child inherits any taint it inherits the whole malady; the varying degrees of severity are to be explained in the same way as we explain the differences observed when scarlet fever is passing through a community. Many cases were narrated in support of his views, and some remarkable ones, showing that a younger child may suffer most. The lecturer next passed on to the consideration of bone affections in relation to syphilis, adducing the hypothesis of M. Parrot that rickets was due to syphilis, and quoting the investigations of Dr. Barlow and Dr. Lees on syphilitic osteal affections during the early months of life. He saw no reason why syphilis and rickets should not mix. The question as to whether deep ulcerations of the palate and pharynx, when met with in young persons, are usually due to syphilis or to scrofula, was next discussed, and evidence was brought forward pointing strongly to the conclusion, in Mr. Hutchinson's opinion, that syphilis was chiefly responsible for such ulcerations. A few words were said as to the possible dependence of what has been called ringworm of the tongue upon inherited taint. Whilst admitting that some cases were due to congenital syphilis, he could not allow that all owned this etiology. The next subject entered upon is comprised in the question, "Are there any chronic skin diseases which are due to inheritance of syphilis?" The chief feature of this subject was Mr. Hutchinson's declaration that such diseases as psoriasis and lichen occurring after the infantile period of life had passed away were not syphilitic; inherited syphilis may cause such cutaneous lesions during the early years of life, but not later on. Coming next to diseases of the nervous system, Mr. Hutchinson still maintained that they were rare from congenital syphilis. Dr. Barlow had published cases showing that meningitis, neuritis, gummata, and vascular disease did occur in congenital syphilis, and might be responsible for impairment of mental powers and coarse brain disease, but still he (Mr. Hutchinson) considered that such cases were not frequent. Epilepsy and chorea might be due to syphilis, but they differed, on Dr. Hughlings Jackson's authority, in no respect from the same affections differently acquired. No case of locomotor ataxy had been ascribed to congenital syphilis; paralysis of single ocular muscles was practically unknown. Mr. Hutchinson had seen one case of ophthalmoplegia externa from inherited syphilis. True tertiaries are rare in congenital syphilis. A case of defective brain development, with atrophy of optic discs in association with inherited syphilis, was narrated. It was not unfrequent for congenital syphilis to damage in some slight degree the whole bodily development. Sometimes there appeared to be a special defect in the sexual development. Idiocy and juvenile dementia are occasionally due to congenital syphilis; but the lecturer did not concur in Dr. Judson Bury's belief that atrophic and sclerotic conditions of the brain, due to inherited syphilis, were of rather frequent occurrence; the experience of Dr. Langdon Down also supported him. As to the nature of pemphigus in infants, Mr. Hutchinson asked, Why should the inherited taint so deviate from the rule as to appear during the first week and end fatally before the second week, as happened in pemphigus? Why should it show its effects so soon after birth? and why should a local and not very severe disease be so prone to end in death? Another interesting question was why syphilis so often caused abortion, seeing that syphilitic infants are generally healthy at birth, and remain so for three or four weeks. Why, if it can kill the fœtus so commonly, does it at the same time leave so many in perfect health until the influence of open-air life has been brought to bear through a definite period? Nor is it easier to explain why one sex should suffer more frequently from the results of inherited taint than the other. Mr. Hutchinson suggested that cases in which twins, one or other, or both, suffer from inherited syphilis should be followed up through as long a period as possible; that cases in which women acquire syphilis during pregnancy, with especial attention to the question of the freedom of both parents from any former taint, also required investigation. In these cases it is desired to ascertain the effect upon the previously healthy fœtus of syphilis acquired of the mother at different periods of pregnancy. All instances of exception or apparent exception to Colles' law, all instances of children born alive with indications of syphilis upon them, all cases of pemphigus infantum or of other syphilitic eruptions making their appearance during the first week of life, ought to be diligently recorded, and here there was a wide field for investigation by "family doctors."

At the close of the lecture a vote of thanks to Mr. Jonathan Hutchinson was proposed by Mr. WILLIAM ADAMS, seconded by Dr. STEPHEN MACKENZIE, and carried with acclamation.

OPHTHALMOLOGICAL SOCIETY.

Shrinking of Conjunctiva.—(? Pemphigus) Spectroscopes.—Amblyopia from Bisulphide of Carbon.—Synchysis Scintillans.—Atrophy of Iris.—Meningitis after Excision of Eyeball.—New Instrument for Refraction Tests.

AN ordinary meeting of this Society was held on the 28th ult., Mr. Henry Power, Vice-President, in the chair.

Dr. W. A. BRAILEY showed a case of Shrinking of the Conjunctiva, with a view to obtaining the opinion of members as to the nature of the disease. Already Mr. Lang thought it was a case of pemphigus; but Dr. Brailey said it was sufficiently reconcilable with the previous existence of granular lids. The right eye showed a pannus of the cornea above and opacity of the cornea below; the conjunctiva was much contracted. The left eye was cicatricial on the surface of the upper eyelid, and there was also opacity of the cornea.—Mr. LANG said there was no evidence of pemphigus on the mucous membranes or skin in the case he now showed, and no evidence of granular lids; still he regarded the cases as pemphigus of the conjunctiva. In reply to Dr. C. E. Fitzgerald, Mr. Lang said that there was little that could be done for his patient in the way of treatment.—Mr. B. CARTER considered that there was no appearance of pemphigus; the case was one of chronic conjunctivitis. The patient had been under his care a few years ago, at which time he had operated, having dissected off the conjunctiva from the lower half of the cornea and transplanted a piece of healthy conjunctiva from a rabbit; the

new conjunctiva, however, underwent gradual degeneration and shrinkage. He had never been able to see any likeness of the disease to pemphigus.

Dr. REID (Glasgow) exhibited a Polarisation Spectroscope, designed to detect colour defects in the spectrum and their exact position; a similar instrument could be arranged to determine the position of the neutral point or points in dichroic vision. He also showed a perimeter for use in achromatopsia; and an ophthalmoscope adapted for use with the electric light; and provided with a grating by which the condition of the superficial layers of the retina as to transparency could be ascertained.

Mr. JULER exhibited his Ophthalmoscope for Electric Light; it had a concave mirror of short focal length and a small Swan light.—Mr. B. CARTER said that his own ocular fundus had been examined by Mr. Juler, and the light was more pleasant than that from the gas or ordinary lamp.

Mr. MARCUS GUNN brought forward a man suffering from Toxic Amblyopia due to the action of Bisulphide of Carbon, which he used in preparing oil from cocoa-nut fibre. He had worked at the same occupation for fourteen years, but about sixteen months ago he changed his situation, and four months later the symptoms of illness began; the ventilation of the workshop was defective, and no doubt was a cause of the development of symptoms. There was complete red-green blindness, which might have been congenital, but probably was not. Jaeger 19 was the smallest he could read. There had been no improvement even in four months. He also showed the result of an operation on an eye damaged by severe Sympathetic Disease.

Mr. RICHARDSON CROSS showed a case of Synchysis Scintillans, in which the vitreous humour was not fluid. The pathology of these cases was, he believed, widely different. In this case neither the ciliary body nor the choroid was affected. The process was closely allied to atheroma of vessels.

Mr. G. L. JOHNSON showed drawings of a case of almost complete Atrophy of the Iris. The patient was a man aged forty-nine, who had perfect vision till eighteen years ago, when he met with an accident in which the right eye was struck by a wheel, and had to be excised. Nothing fresh was observed till three years ago, when it was noticed that the left eye was becoming impaired, and its pupil getting slowly larger and larger. After correcting errors of refraction the patient could read Jaeger 4. There was a very general atrophy of the choroid, and the iris had participated, so that a mere band remained above and below; the optic disc and macula were unaffected, and also the fundus in their immediate neighbourhood.

Mr. E. NETTLESHIP read a paper on Meningitis after Excision of the Eyeball. The case on which the paper was based occurred at the Moorfields Hospital in July, 1885, the patient being a young man who was operated upon unsuccessfully for dislocation of the lens into the anterior chamber. The eye was excised, in a state of early, but violent, suppurative inflammation, seventy-two hours after the attempted removal of the lens. The man became restless and excitable, with high temperature within forty-eight hours, and died seventy-five hours after the excision. He was attended by Dr. Stephen Mackenzie. Purulent meningitis was found at the base and between the cerebrum and cerebellum; there were no tubercles. It was remarkable that well-marked tough thickening of the pia mater and firm adhesion of the opposite edges of the longitudinal and Sylvian fissures were found, undoubtedly indicating a previous attack of general meningitis, but the early history of the patient was almost negative. All the other cases of meningitis after excision of the eye known to the writer, twenty-nine in number, were arranged in a tabular form at the end of the paper, making, with the author's own case, thirty. No cases were included in which it was known that the operation was complicated by injury or disease of the walls of the orbit. Of the thirty cases, twenty-six were fatal, and eighteen of these were examined after death and meningitis found in all; the remaining four cases recovered, usually after a long and severe illness. 'In a considerable majority the meningitic symptoms set in within forty-eight hours of the enucleation; but the duration of the illness, when fatal, varied more than the period of onset. Except that the meningitis usually affected the base, and was sometimes more marked towards the front and on the side of the excised eye, and that twice there was thrombosis of the cavernous sinus, there was very little macroscopical evidence of transmission from the orbit; but microscopical examination in four cases showed inflammation in or around the optic nerve, and in one inflammation and micro-organisms in the sixth nerve. It was suggested that, in spite of the rarity of visible thrombosis, the veins may in some cases be the carriers, and that (owing to the numerous anastomoses) the blood-current in the cerebral veins may sometimes be reversed, allowing septic material to pass from the orbit upwards to the brain, instead of into the jugular vein. In some cases only the convexity was affected, and in others the disease was more marked on the side opposite to the excision. In a considerable majority the excised eye had been wounded; but the author dissents from von Graefe's statement (1863) that the risk of meningitis is much greater if the eye were suppurating when excised, since it appears that in exactly half of the cases no visible suppuration was going on, or had occurred, in the lost eye. The disease is probably due to infection of the orbital wound, either by the decomposition of discharge pent up by tight bandaging, or (as was probable in two cases) by erysipelas. Complications were present in a few cases (menstruation twice, old cerebral disease twice). It is believed that, with care, the cases may be rendered much more rare than they had even hitherto been, especially by providing free drainage from the orbit when there is much inflammatory swelling. The author at present prefers excision, with suitable precautions, in all cases to evisceration, which has not yet proved its inability to cause sympathetic disease. Particulars were then given of cases of meningitis following other operations upon the eyeball; only four such were known to the writer, and in only one was a post-mortem examination made. In certain cases of meningitis after excision sympathetic inflammation had set in some time before the meningitis, a fact which seems to militate against the theory that sympathetic disease passes from the exciting to the sympathising eye by the meningeal coverings of the optic nerve.—Mr. HENRY POWER referred to a case in which he had excised the eye and some of the tissue of the orbit; chloride of zinc was used as an antiseptic to syringe out the orbit; meningitis developed, and ended fatally. This was the only case in his own experience.—Mr. BRUDENELL CARTER had never met with this accident in his practice. He always remembered the dictum of von Graefe not to remove an eye that was in a state of suppuration. Referring to the recommendation of M. Panas to employ a solution of biniodide of mercury as an antiseptic solution, he recounted how such a dilute solution could not be obtained. In one case of cancer of the eyeball, in a child, he had excised the diseased parts, and used the actual cautery to stop the bleeding; it was curious to observe how the thin roof of the orbit had offered a perfect barrier to the passage of inflammation.—Mr. CHARLES HIGGENS criticised Mr. Nettleship's paper, and said his belief was in favour of the suppuration having something to do with the meningitis, for it occurred in half the collected cases. He had never employed tight dressings for more than four hours, considering that they might do harm by favouring the absorption of septic material.—Mr. MARCUS GUNN believed that it was good practice to remove suppurating globes in a large number of cases. In his practice no pressure bandage was kept on for more than four hours.—Mr. MCHARDY referred to two other cases of fatal meningitis. One occurred in a man aged forty-six, with commencing sympathetic ophthalmitis; the offending eye was removed and was followed by suppurative meningitis, with rapid death. The other case was that of a young man aged twenty-four, who was insane, and had enucleated his own globe by means of his finger; the optic nerve was torn off close to the commissure. Death ensued in four days from acute suppurative meningitis. In some cases of extraction of cataract he operated with the patient in the prone position, which aided the lens in falling forward into the anterior chamber.—Mr. W. H. JESSOP asked whether Mr. Mules had met with any cases of sloughing of the sclerotic in his cases of evisceration.—Mr. MULES replied that since using bichloride of mercury he had not encountered any evil consequences. — Mr. J. TWEEDY had never seen any mishap after excision. In one case of an old man nearly eighty years of age, who had received a blow on the orbit, the globe was excised, and the man died the next day either from senile failure or from some accident to the brain at the same time as the injury to the eye. The man before operation was observed to be in a dazed mental condition.—Mr. PRIESTLEY SMITH had had two cases of the kind. The second case taught him a lesson as to the danger of

tightly bandaging the orbit. He could not agree that it was not well to excise a suppurating eye. The use of powdered iodoform to the orbit after operation was exceedingly valuable, and at all events harmless. If any fever arose, removal of the dressing and syringing the orbit with frequent injections of Condy's fluid should be practised, and he believed that by this timely intervention he had saved the patient's life in the second case alluded to above.

Mr. J. B. LAWFORD read for Mr. Waren Tay an account of the case of a boy aged nine who was struck on the right eye, producing a Wound of the Sclerotic on the inner side below the horizotal line. Nothing happened for ten days; then the iris became "muddy-looking," and there was complaint of pain in the eye, restlessness, and vomiting. The day after changes were noted in the vitreous humour; a day later still the eyeball was removed; in it there was evidence of incipient suppuration and commencing shrinking and puckering of the sclerotic wound. The temperature was 102° at the end of twenty-four hours. Delirium and unconsciousness set in with further fever, the temperature rising to 103·8°. He died seventeen days after the injury, and four days after excision of the eyeball. At the necropsy there were signs of extensive meningitis both at the base and over the vertex of the brain, but no evidence of tubercle or old mischief, or of the right side being more affected than the left, or of the inflammation having spread from the orbit, the tissues in which showed no special changes. The cavernous sinuses were healthy, and also the joints of the body and the other organs, with the exception of hæmorrhage into the upper lobe of the right lung and hypostatic congestion. There was a little blood in the sheath of the right optic nerve, but no microscopical evidence of optic neuritis.

Mr. P. H. MULES said that he had not seen a single case of evisceration of the globe which had not progressed satisfactorily. Far from leaving suppurating globes alone, he had always regarded suppuration as an indication for excision, and had never seen any ill symptom result. It was his practice to wash the surface of the eye with a solution of chloride of zinc, ten grains to an ounce, and also to inject the wound after the operation with the same solution, and this was daily continued. Excision of a suppurating globe always led to immediate relief of pain.—Mr. G. L. JOHNSON asked Mr. Tweedy whether a suppurating globe ever gave rise to sympathetic ophthalmia.—Mr. TWEEDY said he could not answer definitely the question.—Mr. HENRY POWER said that years ago a free excision of the globe was held to be the correct treatment of suppurating panophthalmitis.—Mr. NETTLESHIP briefly replied, and said that, as rabbits with suppurating orbits *frequently* died with suppurative meningitis, they could not be said to be in the same case as human beings. He now never put any dressing between the eyelids, though this used to be the practice of at least one ophthalmic hospital.

[Mr. Nettleship writes to us that he has ascertained since the meeting that the solution of biniodide of mercury with which he syringed out the orbit was made with iodide of potassium, in which the biniodide is freely soluble.]

Dr. C. E. FITZGERALD showed a new instrument for facilitating Refraction Tests.

Mr. LANG showed, for Dr. J. W. Barrett, a new and large-sized Microtome.

Mr. JESSOP showed a new Pupillometer.

OBSTETRICAL SOCIETY OF LONDON.

Dr. Heywood Smith.—The Oblique Pelvis of Naegele.—Gastrotomy for Extra-uterine Gestation.

A MEETING of this Society was held on Jan. 13th, Dr. J. B. Potter, F.R.C.P., President, in the chair.

The PRESIDENT stated, with regard to Dr. Heywood Smith's conduct in the Armstrong case, that the Council, after careful and anxious consideration, had come to the conclusion that they were not justified in recommending the Society to put in force the law which provides for the removal of a Fellow. He then read the following resolution of Council:—"Having heard Dr. Heywood Smith's explanation of his conduct in the Armstrong case, it is resolved that the Council emphatically disapproves of his action in that case. That this resolution be read from the chair at the next meeting of the Society."

The following specimens were shown:—Ruptured Uterus: Mr. Drage. Section of Cancer of the Body of the Uterus, removed by enucleation: Dr. Galabin.

Dr. HERMAN read a paper on the Production of the Shape of the Oblique Pelvis of Naegele. The author said he did not propose to discuss the nature of the disease resulting in the pelvis, but only the reason of the change of shape. He showed by measurements that the disease (whatever its nature) produced dwarfing of the sacrum and destruction of part of the ilium on the affected side. He did not think that the explanation of the pelvis put forward by Dr. Matthews Duncan—viz., that it was the result of ankylosis of the sacro-iliac joint—was an adequate one. There were three main forces which produced the shape of the pelvis: (1) The body weight; (2) the action of muscles and ligaments; and (3) the innate tendency of the bones in their growth to assume a particular shape. The action of muscles and ligaments he believed to be far less effective in modifying the shape of the pelvis than the body weight, and, in the case of the Naegele pelvis, did not materially differ on the two sides. The most powerful force he considered to be the tendency of the bones to grow into their proper shape in spite of mechanical influences. In the Naegele pelvis the bones retained this power; and that was an essential difference between the Naegele pelvis and pelves, such as the rickety and osteomalacic, in which the bones were rendered by disease abnormally flexible. The Naegele pelvis was one of the simplest of all pelvic deformities, because in it we had little to deal with except altered distribution of the body weight. This was carried by the iliac beams on to the femora at angles differing on the two sides. The author believed that, as had been shown by Dr. Champneys (in opposition to what was generally taught), the effect of the pressure of the femora was to carry the acetabula upwards and outwards. He adduced in support of this view the evidence of experiments, which showed that when the femora were pushed upwards in a parallel direction the pubic bones were divaricated; and that of the pelves wasted from disuse of one side, in which the acetabulum on the side on which the unopposed pressure of one femur was exerted was carried upwards and outwards. The shape of the Naegele pelvis he believed due to the differences in the effect of this pressure on the two sides. The outward pressure was exerted to greater advantage on the sound side; therefore the acetabulum was on this side carried outward, and the symphysis pubis dragged over to that side. The iliac portion of the pelvic brim was less compressed on the sound side of the Naegele pelvis than in the healthy pelvis, owing to the pressure of the femora being less directly upwards. The author adduced measurements in support of these assertions. According to his view, the lessened breadth of the sacrum and the iliac bone on the ankylosed side was the essential change, not the ankylosis. In support of this view he cited cases in which oblique deformity resulted from atrophy of the sacrum without ankylosis, and also cases in which with ankylosis and oblique deformity the degree of obliquity was proportionate to the breadth of the sacrum. Lastly, he showed that the shape of the transversely contracted pelvis of Robert was explicable on his view.—Dr. GALABIN said that the action of the body weight on the posterior sacro-iliac ligaments, exercising force on the iliac beam and tending to evert its lower extremity, would be abolished if the joint were ankylosed. The body weight and the pressure of the femora must act vertically, but besides this there was an inward pressure of the femora, and a corresponding outward pressure of the pelvis upon the femora, due to muscles. He agreed with the paper of Dr. Champneys on this subject quoted by the author, and had taught the same views himself. The outward thrust of the lower end of the iliac beam could not be subjected to the parallelogram of forces, as the author had done; the important point was the relative length of the arms into which the sacral beam was divided by the incidence of the body weight. He thought that the study of certain pelves showed that on the whole inward pressure at the acetabula predominated. He agreed, however, with the author in one thing—viz., that the obliquity of the Naegele pelvis could be accounted for by other causes than the ankylosis, and that the deficiency of the sacral wing was more important. If for any reason the acetabulum and tuber ischii were displaced towards the middle line, the forces causing obliquity acted with constantly increasing force. There was one peculiarity of the shape of the Naegele pelvis, which supported strongly Dr. Duncan's

theory of the leverage exercised through the posterior sacro-iliac ligaments: this was the absence of curvature at the posterior end of the innominate line on the affected side. In the scoliotic pelvis and in the oblique pelvis from disease of one leg the posterior part of this line is more curved than usual, in the Naegele pelvis less curved, and this can only be accounted for by the ankylosis preventing the action of the iliac beam on the affected side.—Dr. MATTHEWS DUNCAN alluded to the increasing difficulty of making progress as the subject advanced. He was himself indebted to the work of Dr. Champneys, particularly as correcting his former view of the direction of the upward push of the head of the femur in standing. Dr. Champneys showed that the pressure, as unaffected by the action of the adductors, was not upward and inward. The ultimate result, as Dr. Galabin pointed out, of the pressure as modified by the adductors, was upward and inward. He regarded the Naegele pelvis rather as a malformation than as the result of disease; it was congenital, and might be due to the deficiency of the ossific centres. The discussion at present should be confined to the normal pelvis and its modifications in the pelves of Naegele and Robert. The introduction of others plunged one into an insoluble mass of complexities, while these pelves were well marked and uniform, and as to their shape, congenital character, and absence of bone disease, there was unanimity. He was still inclined to believe that the absence of one or both sacro-iliac joints was the great factor in these pelves. In the other morbid pelves there were several factors of cardinal importance whose influence it was difficult to ascertain and weigh.—Dr. CHAMPNEYS said that Dr. Herman's interesting paper had not succeeded to his mind in finally settling the question as to the essential cause of deformity in the Naegele pelvis. The whole subject of pelvic deformities was most difficult, and the great facts finally settled were few. As regarded the assertion that ankylosis of the sacro-iliac joint could not prevent bending of the iliac beam, he could conceive that, besides the objection brought forward by Dr. Galabin, another might be urged—namely, that a wooden beam laid across a wooden block might not be so easily bent if glued to the block as if not glued. Again, with regard to the statement that in the Naegele pelvis the bones retain their power of growing into their proper shape, we must remember the abolition of action caused by ankylosis and its effect on the nutrition of the component bones. In the pelvis of a child in which disease of one sacro-iliac joint had produced oblique deformity, which he had brought before the Society in a paper, the whole side of the sacrum as far as the coccyx was dwarfed on the side of the ankylosis. Whatever disorders the equal balance of the "couple of forces" produced by the downward pressure of the body weight at the sacro-iliac joint, and the upward pressure of the heads of the femora (which normally falls outside the line of action of the body weight) on each side, tends to a progressively increasing disorder of the balance of the two sides, as Dr. Galabin had just remarked, and as he had himself set forth in the paper alluded to. Moreover, as he had there explained, the overweighted side is naturally the side of the greater muscular action, including increased pressure of the femora and increased muscular and therefore osseous nutrition. To Dr. Galabin and also to Dr. Herman he would say that in his paper he endeavoured to prove (1) that the action of gravity must tend to evert the distal end of the iliac beam (this being directly contrary to the accepted view); (2) that the "inward pressure of the femora," which undoubtedly exists in the malacosteon and other pelves, could not be due to this action, but could only be accounted for by the action of muscles. As to the question whether outward or inward pressure predominated, he was not at present prepared either to agree or disagree with Dr. Galabin. No doubt in a softened pelvis inward pressure eventually predominated, but he thought more than one explanation was possible.—Dr. WALTER GRIFFITH said that until the question as to the cause of the sacro-iliac ankylosis was settled, the effects of it were but to be guessed at. He referred to a case of oblique deformity, described by Mr. Sinclair in the *Dublin Medical Journal* for 1855 as being exactly like those described by Naegele, and due to disease of the joint in childhood. The study of four pelves with extroversion of the bladder showed great differences as regards the shape of the pelvis. Cases of extreme scoliosis were found with little or no obliquity of the pelvis. He asked how it was, according to the explanation given by previous speakers, that the pressure of the femora stopped short when the side of the pelvis was straight and when it ought to act at the greatest advantage. He believed that the whole deformity was congenital.—Dr. HERMAN, in reply, did not think that the fact of ankylosis of the sacro-iliac joint would affect the shape of the part of the ilium between that joint and the acetabulum. His grounds for rejecting Dr. Duncan's theory of the Naegele pelvis were that ankylosis was found without the oblique deformity and the deformity without ankylosis, and that the degree of obliquity was proportionate to the degree of lateral dwarfing of the sacrum. He differed from Drs. Galabin and Champneys in thinking that no comparison could be drawn between the Naegele and the scoliotic and malacosteon pelves, on account of the softening of the bones present in the two latter. He thought that the effects of use and disuse of a limb and of vascular supply were comparatively small.

Dr. BRAITHWAITE read a paper on a case of Gastrotomy for Extra-uterine Gestation, in which the placenta never came away. In this case a full-grown fœtus, which had been dead about three weeks, was removed from the abdominal cavity. The placenta fitted on the uterus like a cap, and spread posteriorly on to the neighbouring parts. The operation was done aseptically, and the wound closed except at its lower part, where the funis was left hanging out. The recovery was perfect, though slow. The placenta never came away, except a morsel about twenty grains in weight on the sixth day. The placenta must have been slowly absorbed, and in this the case is unique.—Mr. THORNTON referred to the extraordinary description, and asked Dr. Braithwaite if some mass representing the atrophied placenta were not still to be detected. He had shown to the Society a placenta undergoing remarkable changes after a similar operation, but its condition was by no means suggestive of atrophy.—Dr. BRAXTON HICKS remarked that, whether the placenta had been absorbed or encysted, the fact was of much importance, for he had for some time thought that it would be best to treat the wound antiseptically and close it, leaving in a drainage-tube. In four of six cases on which he had operated, however, the sac was already putrid.—Dr. CHAMPNEYS thought that Dr. Braithwaite only meant that the placenta had not come away, and in this respect his title was more cautious than his description; it might quite possibly have grown in its site, receiving progressive nutrition. He intended, when occasion offered, to strip off the amnion if possible from the interior of the sac and to wash out the vessels of the funis with boroglyceride; this would be a powerful aid to prevent sepsis and could do no harm if absorbed.—Dr. GRAILY HEWITT believed that the placenta might disappear. The vascular connexion was very intimate, and it would probably shrink up and be for the most part absorbed.

MIDLAND MEDICAL SOCIETY.

A MEETING of this Society was held on January 20th, Dr. Holmes Joy, President, in the chair.

Mr. Furneaux Jordan's Operation for Naso-pharyngeal Growths.—Mr. WALTER FOWLER showed a boy aged sixteen, who had been subjected to this operation. When he was first seen there were symptoms of nasal polypus; this was removed by a snare, and found on examination to be an alveolar sarcoma. It recurred at once, and after a month's interval Mr. Fowler completely removed the growth by dividing the upper lip and the nose on one side of the septum and turning this flap outwards, so as to thoroughly expose the nasal cavity, in the manner adopted by Mr. Furneaux Jordan. The line of cicatrix was hardly visible.

Ophthalmoplegia Externa cured by Iodide of Potassium.—Dr. SUCKLING showed a man, aged sixty-seven, who had been sent to him in November last by Mr. Wood White, suffering from paresis of the muscles supplied by the third nerve on the right side, and total paralysis of those supplied by the third and sixth nerves on the left. The pupils were a little dilated, the left one the larger, and responded to light and accommodation; there were no changes in either fundus. The knee-jerk was present, and there was no history of syphilis or rheumatism. The patient attributed his illness to the cold weather, to which he had been much exposed. Five weeks after Dr. Suckling saw him, he had, after exposure, conjunctivitis of the left eye followed by dropping first of the left and then of the right upper lid. The patient was treated with large doses of iodide of

potassium (thirty-six grains thrice daily); he rapidly improved, and had now completely recovered.

Case of Athetosis.—Dr. SIMON showed a woman, aged twenty-four, who had left hemiplegia when two years of age. At seven she began to walk, and it was noticed that she had rhythmical contractions of the fingers of the left hand, as well as talipes equino-varus on the same side. The movements have continued ever since, though she has been told they cease during sleep. The arm is shorter than the healthy one, but there is marked muscular hypertrophy due to the excessive movements.

Some Injuries and Malformations of the Urethra.—Mr. THOMAS read a paper on the above subject. It was illustrated by the histories of various cases which had come under the author's care, and a considerable portion of it was devoted to extravasation of urine in boys, four cases of which were related.

Dr. MALINS showed the following specimens:—1. An iron hammer-head, weighing 5 oz., removed from the vagina of a girl aged fourteen. 2. Cystic ovaries taken from a patient aged thirty-three, weighing respectively 6½ drs. and 5½ drs. 3. Fibroid polypus, weighing nearly 8 oz., removed from a patient aged forty-six. The cervix was divided antero-posteriorly by the thermo-cautery a fortnight previously, and the tumour removed by the écraseur and extracted by midwifery forceps. Before admission to the hospital she had been in bed two years and four months. At the present time she is practically well.

NORTHUMBERLAND AND DURHAM MEDICAL SOCIETY.

THE fourth monthly meeting for the session of the above Society was held in the library of the Newcastle-on-Tyne Infirmary, on Thursday, Jan. 21st, Dr. Fielden, President, in the chair.

Aneurysm of the Right Subclavian Artery.—Mr. PAGE showed a girl, aged twenty-one years, sent to him alleged to be suffering from Aneurysm of the Right Subclavian Artery. On careful examination Mr. Page found that there was no aneurysm, but that the vessel was raised over an exostosis growing from the transverse process of one of the cervical vertebræ. This condition was proved by the fact that when the girl stood upright the radial pulse on the affected side was arrested by the stretching of the vessel over the growth. The pulse returned at once whenever she assumed the recumbent position. The vessel could also be slipped forward over the growth. The condition was a very rare one, and excited considerable interest. As the girl was in good health and had no urgent symptoms, no operative measures were proposed.

Loose Cartilage.—Mr. PAGE also exhibited a loose cartilage, 2½ in. long, 1½ in. broad, and ½ in. thick, removed from the knee-joint of an old woman aged eighty. The patient did well.

Leucocythæmia.—Dr. LIMONT exhibited a very large example of uterine myoma and a spleen from a case of leucocythæmia. In the latter there was no alteration in the red corpuscles, but the white corpuscles were very much increased in number. No examination was made of the bone or bone marrow.

Dr. LIMONT also exhibited a specimen of Acute Ulceration of the Colon.

Gastrostomy.—Dr. PHILIPSON showed the stomach and œsophagus from a patient on whom gastrostomy had been performed for malignant disease of the œsophagus and cardiac end of the stomach. The patient lived for three weeks after the operation. The case produced an interesting discussion on the difficulties sometimes encountered in the diagnosis of malignant disease of the œsophagus, and also in regard to the benefits derived from operation.—Dr. HUME believed that the operation of gastrostomy was one which would ultimately be abandoned in cases of cancer.

Uterine Myoma.—Dr. HUME exhibited the tubes and ovaries removed from a woman the subject of a uterine myoma of very large size. The woman made a capital recovery, and at the last examination the operator was of opinion that the tumour was reduced in size. No menstrual flow had taken place since the operation, and there had not been flooding of any kind.

Renal Calculi.—Dr. MURPHY showed two kidneys, the pelvis of each containing a large number of renal calculi. The specimens were removed from a boy, the subject of a compound comminuted fracture of the femur, who had passed several calculi during life. In connexion with the case Dr. Murphy also exhibited a series of calculi, all either passed by, or removed from, patients who had sustained fractures of the femur.

Obstruction from Gall-stone.—Dr. MORRIS read a paper on a fatal case of obstruction of the intestine from gall-stone, and a fatal case of perforating ulcer of the small intestine. The gall-stone in the first case was the size of a walnut, and had become impacted in the small intestine, a short distance below the orifice of the common bile duct. In the second case the chief interest lay in the entire want of symptoms of perforation. There was no pain and no very sudden collapse.

Dr. JAMES DRUMMOND read a short note on a case of Intestinal Calculus.

Antisepticism.—Mr. PAGE submitted the results of major amputations treated antiseptically in the Newcastle-on-Tyne Infirmary during the year 1885. From this statement it appeared that during the year there were performed fifty-one major amputations, with two deaths (3·9 per cent.). Of the hip-joint, there were three amputations for disease, with one death; thigh, one for injury, not fatal, and twelve for disease, with one death; knee-joint, one for injury, not fatal; leg, one for injury and five for disease, with no deaths; ankle-joint, two for injury and nine for disease, and no deaths; shoulder-joint, one for disease, not fatal; arm, three for injury and one for disease, with no deaths; forearm, five for injury and six for disease, and no deaths; wrist-joint, one for injury, not fatal. Adding the amputations of 1855 to those of 1884 and 1883, there is a total of 156 major amputations, with eight deaths (5·1 per cent.).

WOLVERHAMPTON AND DISTRICT MEDICAL SOCIETY.

A MEETING of the above Society was held on Thursday, Jan. 7th, Dr. S. A. Smith, in the chair.

Medical Consultations.—The discussion on this subject, adjourned from the previous meeting, was concluded after several members had spoken.

Simple Fracture of the Patella.—Mr. VINCENT JACKSON exhibited two patients who had suffered Simple Fracture of the Left Patella, and in each case the fracture had occurred twice. 1. A gentleman, aged forty-eight, was seen by Mr. Jackson seven years ago on account of a simple transverse fracture of the left patella. The treatment consisted in apposing the fragments and extending the limb on a back splint, with a foot-piece; this was continued until the union (fibrous) permitted progression, and the gentleman resumed his avocation. Six months afterwards he tripped and fell from the top to the bottom of some stairs, refracturing the patella. The treatment was repeated, and the same favourable results followed. 2. The patient, a man twenty-one years of age, was admitted into the hospital with a simple fracture of the left patella. Two days after, when seen by Mr. Jackson, it was determined to wire the fragments together, and for this purpose ether was administered, and when the patient was almost anæsthetised, respiration stopped, and a very alarming condition ensued; fortunately, the means used to restore animation were successful. Mr. Jackson decided not to perform the operation, and directed that the fracture should be treated in the ordinary way, the result being perfectly successful. Two years after his discharge he fell again and refractured the patella. Treatment was for the second time employed, and in the course of time he went home and resumed his work. Mr. Jackson, in a few observations, stated that he exhibited these patients as evidence, if any were wanted, that the wiring of the fragments together in fractured patella was not necessary. Mr. Jackson showed a patella he had removed from a male patient who many years before his death had sustained a transverse fracture of this bone. This specimen was exhibited as an example of bony union which occasionally follows when similar treatment to that already mentioned is employed for these injuries.

Radical Cure of Hernia.—Mr. JACKSON also exhibited a man, aged twenty-four, sent to him by Mr. Clendinnen of Coseley, to be radically cured of a large hernial tumour of

the left side, the circumference of which was twelve inches, and its extent downwards seven inches. The hernia was readily reducible, and could be retained within the abdomen by a truss, but as the man wished to be relieved of the disagreeableness of wearing such an instrument, he readily submitted, seven weeks since, to the necessary operative treatment. No truss is now worn, the external ring and the inguinal canal being completely obliterated.

DEVONPORT AND PLYMOUTH MEDICAL SOCIETY.

Exhibition of Cases and Specimens.

THIS Society held its first monthly meeting at Plymouth on the 27th ult., when demonstrations of the distinguishing features in a series of spinal nerve lesions were given by exhibitors of cases.

Dr. C. ALDRIDGE (Plympton) showed a typical case of Tabes Dorsalis associated with Ophthalmoplegia Externa; also a case with anomalous symptoms.

Dr. A. H. BAMPTON (Plymouth) showed and compared a case of Infantile Paralysis with two cases of Progressive Muscular Atrophy; one of the latter with a history of long-continued masturbation; the other of obscure origin.

Mr. A. BUCHAN exhibited a case of Lateral Sclerosis and Iritis, rapidly improving under specific treatment.

Fleet Surgeon ASTLEY COOPER, R.N., brought forward a pathological specimen showing Perforation of the Duodenum occurring in a sailor, with a healthy history, after a drinking bout of beer.

Mr. G. JACKSON (the President) showed a Malignant Growth of the Head of the Humerus of a youth after slight injury; also, a pathological specimen of Cancer of Omentum, weighing several pounds, taken from a patient who pursued a laborious occupation up to a few days of his death from peritonitis.

Mr. B. W. MURLAY narrated cases of Colles Fracture treatd with Carr's splint, giving excellent results.

Rebiews and Notices of Books.

The Blot upon the Brain: Studies in History and Physiology. By WILLIAM W. IRELAND, M.D. Edin., Corresponding Member of the Psychiatric Society of St. Petersburg, &c. Pp. 374. Edinburgh: Bell and Bradfute.

The volume before us, whether regarded as an exposition of mental science or an historical sketch of the mental obliquity betrayed by many great ones of the past who have left their "footprints on the sands of time," will find many enthusiastic admirers, and serve at the same time to instruct and interest the thoughtful reader.

Dr. Ireland, always a cautious and painstaking student of life and character, has given us a lucid exposition of some of the most difficult problems in mental philosophy, and, what is more, he has succeeded in translating his ideas in graceful and eloquent language. It is not often that one meets with a book treating of a difficult, and we might say indeterminate subject, so cleverly constructed, and illustrated by facts gleaned from the world's history. The opening paper treats of "Hallucinations, especially of the Sight and Hearing." The second and third are devoted to the consideration of the hallucinations betrayed by such interesting characters as Mohammed, Luther, Swedenborg, and Joan of Arc. A perusal of these studies will enable the reader to grasp more fully the nature of the "ruling passion" possessed by those who have come under the author's contemplation and review. "Insanity of Power" is worked out in three chapters. After discussing the questions of the "Limitation of Life" and the "Debasing Effects of Unchecked Power," the writer follows up his train of thought and reasoning by reference to episodes in the lives of several Roman emperors, Mohammed, Toghlak, and the autocratic rulers of Russia.

Possibly the chapter on the "Hereditary Neuroses of the Royal Family of Spain" will be the one that will find most admirers. No more complete demonstration of the numerous ways in which hereditary neurosis may manifest itself could be imagined than is contained in the description, pathological and historical, here referred to. It is shown how in one the want of mental equilibrium was portrayed by turbulent passion, such as was evinced by our own Henry VIII., who is said to have been tetchy and wayward in infancy; desperate, wild, and furious in youth; daring, bold, and venturous in manhood; and subtle, sly, and bloody in age; and in another by the absence of judgment, and power to regulate the ordinary duties and courses of life. After a complete, though somewhat tiring narrative of the history of St. Francis Xavier, the Apostle of the Indies, the author again betakes himself to the analysis of certain problems in mental pathology. Thus in succession we have an account of "Fixed Ideas," "Folie à Deux," "Unconscious Cerebration," "Thoughts without Words, and the relation of Words to Thoughts," "Left- and Right-handedness," "Mirror Writing," and lastly of the "Dual Functions of the Middle Brain." Our limited space prevents a full discussion of the merits evinced by the author in the treatment of these difficult and contested "points." To those who desire the pleasure derivable from the perusal of a work learned and interesting we heartily recommend Dr. Ireland's book.

Rome in Winter and the Tuscan Hills in Summer: a Contribution to the Climatology of Italy. By DAVID YOUNG, M.D., &c., late Professor of Medical Botany in the Grant Medical College, Bombay. Pp. xv.—283. London: H. K. Lewis. 1885.

SOME fifteen years' professional work among his compatriots in Central Italy has enabled Dr. Young to write with intelligence and authority on the health aspects of residence in Florence and Rome. His own experience he has supplemented by diligent study of Italian fellow-workers in the same field, and the result is the little volume before us—an able contribution to a subject systematically treated by no English physician since Sir James Clark's publication half a century ago.

A book of the kind was needed, for, of all the centres of attraction for the travelling Englishman, Rome, by the testimony of successive generations of practitioners within her gates, is, as a winter residence, the least understood and the most misrepresented. Of the 18,000 English-speaking visitors that resort to her annually, the vast majority return in every way the better for their sojourn, with a desire to revisit her all the stronger the more time they have had to give her. "Rome," says an eminent German physician, "would be the healthiest of capitals if she were not Rome"—if she were not, that is to say, an agglomeration of ruins, catacombs, draughty basilicas, and ice-cold halls of marble, into which the art-votary or historic enthusiast plunges in all weathers and conditions of body, eager to crowd as much as possible into the twelve hours, especially if his time is limited (as it too often is) to a few days. The practitioner who knows how the Englishman abroad disdains precaution, and how in Rome he so frequently makes himself a candidate for whatever hygienic harm is to be encountered, can only marvel that the victims to the Dea Febris are so very few. In his third chapter Dr. Young puts it beyond question that out of London there is no city in Europe where his compatriots are less likely to contract typhoid than in Rome; and he might have added that in no other European city does the English resident who suits his life to his surroundings arrive at greater longevity.

Having shown how risks are best to be avoided in Rome, Dr. Young leads up by a careful induction of climatic and

hygienic conditions, to the cases for which a winter residence in the city is specially indicated. All that he has to say on the malaria, the water-supply, and the improved drainage will have little novelty for our readers, compiled as it is from authorities frequently quoted in these columns; but his *catena* of cases, in which observance or violation of the maxims he lays down has been rewarded or punished by improved or impaired health, is exceedingly interesting as deduced from the experience of an extensive *clientèle*. He has disappointed us, however, under the section of "Cases Suitable and Unsuitable for Rome," by the scantiness of his references to a class of visitors increasingly numerous in the Eternal City—the Anglo-Indian officer, combatant or civilian, who having contracted the malarial cachexia in one or other of the Presidencies, requires special rules for guidence when wintering in Rome. His own Indian experience entitled us to expect a fuller consideration of this part of his subject.

As to his style, let us say at once that Dr. Young writes with clearness, facility, and force, and that when called upon, as in the descriptive chapters on the Alban and Sabina Uplands and the Tuscan Hills, he can rise with his theme. But too frequently he disturbs us with "pleonasm" and "anacoluth," and we have now and again to readjust his punctuation to give the sentence a main verb. These marks of haste, we trust, will be removed in an early edition.

Bericht über die Allgemeine deutsche Ausstellung auf dem Gebiete der Hygiene und des Rettungswesens. Herausgegeben von Dr. PAUL BOERNER. I. Band. Berlin. 1882-3. Breslau: S. Schottlaender. 1885.

AMONGST the numerous services rendered to the cause of medical and social science by the late Dr. Paul Boerner, few demand such recognition as the work he undertook in connexion with the great Hygienic Exhibition, which was held in Berlin two years ago. Dr. Boerner was indefatigable in promoting the objects and assuring the success of that Exhibition, and to him accordingly was allotted the duty of supervising the records, of which the first volume is before us. The editor himself contributes but little to the work beyond the introductory chapter, which relates the steps taken to found the Exhibition, the destruction of the first building on the eve of its opening in 1882, and the manner in which the second and better constructed building was completed and equipped within the ensuing twelve months, the opening ceremony, and the lectures &c. delivered during the progress of the Exhibition. These are the matters which are discussed in the opening pages. The bulk of the volume consists of a series of articles upon the several departments, each being written by acknowledged authorities, and the result is a work of permanent interest and utility. Thus we have described by Drs. Sell and Löffler the laboratory of the Imperial Board of Health, a fully equipped pavilion in the grounds being one of the features of the Exhibition, where demonstrations were daily given. The methods of research upon micro-organisms are detailed, as well as the process of analysis of foods, &c., which belong to this institute. The various apparatus employed in hygienic research is described by Drs. Wolffhügel and Fritsch and Professor Gruner; meteorological instruments by Dr. Löwenherz. Very useful articles upon foods and articles of diet are contributed by Drs. König and Sell, including the methods of preparation and the composition of the more common articles. The hygiene of infancy and that of schools are discussed by Drs. A. Baginsky and S. Guttmann, especial attention being paid to the dietetics of infancy and the composition of artificial foods. Considerable space is allotted to an article upon boots by Herr Beely, the importance of which is hardly sufficiently recognised by the community. The writer enters into full detail respecting the best construction of these articles of clothing, in accordance with anatomical facts. Baths and bathing institutes are assigned to Dr. Lassar, under whose auspices a cheap public bath was open to the visitors to the Exhibition. Workhouses, prisons, reformatories, model dwellings, barracks, &c., form other subjects written upon by Herrn Albrecht, Volkmann, and Kuhn, and illustrated by numerous drawings and plans. The whole forms a handsome, well-printed, and fully illustrated volume, which will be much appreciated by all who take any interest in the advance of sanitary science.

Nouvelles Archives d'Obstétrique et de Gynécologie.

WE have received the first number of this publication. It is issued under the direction of Charpentier, Duplay, Bernutz, Guéniot, and others, Doléris being the chief editor. The present number contains four original papers. The first is by Charpentier, on the Persistence of the Hymen as a cause of Dystocia. Another is by Doléris, on Shortening of the Round Ligaments. The third paper is on Twin Pregnancy, by Verrier; one twin was well developed, the other papyraceous. The fourth paper is on Uterine Dilatation, by Betrix. The rest of the number contains a summary of the work of Societies and work done abroad. There is room for a good obstetrical journal, for there are plenty of bad ones. The object of a good journal at the present time should be to guide and not to follow; to publish scientific, and to reject unscientific, work; to destroy the bad by multiplying the good.

New Inventions.

URINARY TEST CASE AND UREAMETER.

RECENT observations made in THE LANCET induce me to bring prominently before the profession a urinary test-case specially constructed, and a ureameter. Both cases were made for me by Mr. Hume, Scientific Instrument Maker, 1, Lothian-street, Edinburgh, the price of the test-case being *5s. 3d.*, and of the ureameter, packed in case, *18s.*

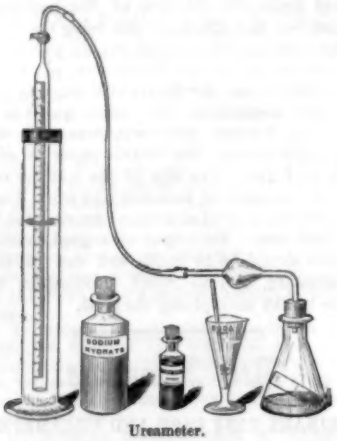
Last winter I instituted a series of comparative estimates of the value of the various new urinary tests with the older

Urinary test-case.

and better known ones, and I came to the conclusion, without any preconceived opinion, that the older tests were more accurate and less liable to be misunderstood, and on these two cardinal points were superior to Oliver's tablets or Picric acid. The difficulty in competing with their new rivals was the non-portability in a cheap form of the various liquid reagents necessary for testing the urine. This consideration has been solved by the handsome, safe, and compact case of

Mr. Hume. Nitric acid, Fehling's solution, and alcohol are secured in well-stoppered bottles; and the case is also provided with litmus-paper, test-tubes, and a small cup in which spirit can be poured and, after lighting, heat can be applied to the urine in a test-tube. The accompanying engraving will give a good idea of the urinary test-case.

The ureameter has been considerably altered from the one I suggested in 1880. Defects have been remedied, the tubing has been made to fit so exactly that there is no chance of the liberated gas escaping, the form of the bottles has been changed, and the means, as a whole, rendered easier of application. The accompanying engraving gives an excellent idea of the form of the instrument and the reagents



Ureameter.

employed. There is no doubt that the detection of the daily excretion of urea is of great importance in the treatment of diseases, and bears largely on the prognosis of chronic Bright's disease, acute rheumatism, and gout. More accurate treatment can, by the estimation of the urea, be adopted. This ureameter is easily worked. It gives perfectly accurate results, and the daily testing may be done by an experienced nurse at the patient's house, and the result noted with the temperature-chart and other details of the sick room.

MATTHEW CHARTERIS, M.D.,
Professor of Therapeutics and Materia Medica, Glasgow University.

MASON'S GAG.

THE accompanying illustration represents a modification which Mr. Francis Mason has had made in his well-known Gag, which was first introduced to the notice of the profession in 1871. The improvement consists in the addition of a small ball-and-socket joint, by which a slight

universal movement is provided. It will be the experience of most surgeons that in children, and even in adults, the teeth are often brittle or loose, and that in using the ordinary gag they are apt to get either broken or displaced. The instrument above depicted, whilst still retaining the lower jaw in firm position, yet allows it just sufficient movement to obviate such accidents. Moreover, it is small, being about four inches in length, and yet is of such strength as to meet all the requirements in operation on the mouth of the most robust and muscular subjects. Messrs. Matthews Brothers, of Carey-street, Lincoln's-inn, are the makers.

THE "VISCOUNT" VENTILATING SHOOTING AND MILITARY BOOT.

THIS boot is the invention of Mr. J. Morgan of Frome. Royal letters patent have been allowed him for the following novelties connected with its construction. It is waterproof, but not air-tight. This great desideratum, and apparently contradictory condition, is attained by the introduction of ventilating air-tubes passing behind the ankles to permanent outlets on either side of the boot. The act of walking causes a pumping action, thus a current of fresh air is drawn through the boot. By this means the feet are kept dry, and at the same time free from the perspiration from which so many persons suffer, and which is not only an annoyance and impediment to exercise, but a prolific cause of chills and colds. This boot can be put on and taken off with great rapidity, for lacing, unlacing, and tying are done away with, the "lacing" being very ingeniously effected by simply drawing the lace tight, passing it two or three times round the ankle, and inserting it through a patent "grip catch," which holds it effectually. The boots are manufactured as ordinary walking, shooting, and military boots, and from our own experience we can state that they are both healthy and convenient; the last variety, considering the above description of their construction, seems to be well worthy of the attention of the authorities at the War Office.

ARMY MEDICAL SCHOOL, NETLEY.

THE prizes gained during the last session by the students in connexion with the Army Medical School, Royal Victoria Hospital, Netley, were distributed on the 1st inst. by Dr. Quain, in the presence of a large assembly. Previously to the distribution, Professor Longmore read a list of the awards, and after the ceremony,

Sir T. Crawford congratulated the successful students on having gained their commissions. He remarked that the army was different from the civil profession in this—that when his hearers left that school they were charged with all the duties of a medical man. There are no specialists in the army. There is no opportunity of taking counsel with the heads of the profession when they had to deal with the lives of those in the field. It would therefore be necessary for them to continue their habits of study, and he expressed a hope that when they arrived at his age they would be able to look back and thank God that they had done their duty. Sir T. Crawford concluded by moving a vote of thanks to Dr. Quain.

Sir J. Fayrer, in seconding the vote of thanks, also congratulated the students on their success, and expressed the hope that they were entering upon a long, brilliant, and successful career. He said that they had a great future before them in the greatest service in the world, for such he considered the British and Indian Medical Service, and he felt certain that they would do justice to it. He entreated them when they went abroad to go with open and free minds, to see and search for themselves, to study facts, to watch carefully, to be observant, and, above all, not to force facts to fit theories. It was more necessary than ever to be careful and watch for themselves, and never come to hasty conclusions.

Professor Longmore afterwards briefly addressed the students, after which the proceedings terminated.

THE LANCET.

LONDON: SATURDAY, FEBRUARY 6, 1886.

WE cannot congratulate Mr. MACNAMARA on his letter which we published last week; it is not likely to add weight to his position as a member of Council. Were it needed, it is another proof that the possession of the Fellowship does not necessarily carry with it the logical mind and special business capacity such as are claimed for the holders of this diploma by admitting them alone to a voice in College management. The letter is a weak plea for the *status quo* as regards the Members, the chief argument why Fellows alone should vote and sit in Council being "in order to promote and encourage the practice of surgery," and "that the College should continue to have the power to confer honours in surgery."

Mr. MACNAMARA tells us that a very large proportion of the Fellows are in general practice, and he thinks that the interests of the Members could be looked after by sending these Fellows to the Council. He elsewhere in the letter tells us, in the words of the Charter, that "it was in order more effectually to promote and encourage the study and practice of surgery that the class of Fellows by examination was instituted." Now "general practice" is honourable in every way; but can anyone reasonably argue that general practice tends *more effectually* to promote the study and practice of pure surgery? Does not the fact that so many of the Fellows are in general practice itself show that the objects for which the Fellowship was founded have been carried out very imperfectly indeed? On the other hand, are there any facts to show that Fellows make better general practitioners than Members? and unless they do, on what grounds would Mr. MACNAMARA make the one representative of the other on the Council? We must nevertheless thank him for the admission conveyed in his proposal that the Members ought to be represented. We wait in vain for substantial reasons why Members should not sit on the Council. The arguments *unanimously* agreed to and set forth by the Council, and presented to the last general meeting at the College, were specious and too frivolous to be considered, and were more than met by Mr. HOLMES's philosophical reply. Failing the Council itself, we have looked among the Fellows at large for some reasonably logical arguments against granting the full franchise to Members, and as yet in vain.

Mr. MACNAMARA, however, has introduced a new element into the discussion. While unable to bring any positive evidence against the fitness of Members for the Council, he tries to show that "by only permitting Fellows to be elected to the Council it is possible that we enhance the privileges of the Fellowship, and so may lead men to seek this honour, and thus forward the objects for which the College was founded." This is the last straw. The Fellowship is to be enhanced at the expense of the Members, and the object for which "the class of Fellows by examination was instituted"—the promotion of the study of surgery—is to be accomplished by excluding the Members from all voice in the management of the College, which their work and their fees have made what it is! It is well for the Members to know how matters really stand, and the use to which Mr. MACNAMARA would put them.

Seriously, the Members must bestir themselves; it is quite obvious that they will get very little from the present Council. What with delays and adjournments, the determined opposition of some members of Council, the half-hearted support of a few, and the want of administrative capacity in others, the Members stand a poor chance of being restored to the position they occupied prior to the institution "of the class of Fellows." We have pointed out over and over again, without any effect, the advantages which would accrue to the College, the gain it would be to the profession at large, the cohesion it would give to the scattered Members, and the political power that would ensue, from their enfranchisement. The real function of the College of Surgeons is to supply the country with general practitioners; and the union lately effected with the College of Physicians for this purpose is a wise one, and shows that the Council have recently realised this fact and that they are acting on it. The Fellowship is a something superadded. Its object is to provide a certain number of hospital surgeons—men who teach and practice surgery entirely. This diploma, therefore, is a special scholastic distinction, and should only be attainable by those who devote themselves to pure surgery; it ought never to have conferred any special political rights, and never would have done so had those who instituted it thought more of the promotion of the study of surgery and less of their own personal aggrandisement. The Members must rouse themselves, and if the Council continues to ignore their just claim, an independent effort must be made to secure those changes in the Charter which, endorsed by the Association of Fellows, and, as their mouthpiece, Mr. HOLMES claimed at the meeting lately held at the College.

We may reasonably ask whether the time has not come when the Council—whatever its composition may ultimately be—should be strictly representative? The affairs of this country are carried on by a representative Parliament; why should not the College be governed in the same way? Our readers will remember the indignant protest which a present member of Council addressed to us some time ago because the Association of Fellows had ventured to sound him as to his views on College matters. Ministers of the Crown see nothing derogatory to their dignity in being thus questioned. The public expression of a man's views on current College policy previously to his election would enable voters to select those who showed themselves most conversant with such matters, and it would ensure for the Council men who had taken the trouble to make themselves familiar with the objects on which they would be called upon to speak and vote if elected.

WITHOUT committing ourselves to an acceptance in full of the pictures which Dr. ROBSON ROOSE has painted in the *Fortnightly* of the routine lives of barristers, judges, physicians and surgeons, Cabinet ministers, and ordinary members of Parliament, in some of which the

outlines are too vague and the details inadequate, there can be no question as to the fact that life in London does involve a special amount of wear and tear not sufficiently recognised. It is true that "every age is characterised by the presence or prevalence of special disorders of health which have a more or less obvious causation," and the "wear and tear" on which the above-named author descants are undoubtedly causes of disorders of health which characterise the present age so far as the health of the particular classes to which he alludes is concerned. We may go further, and admit that what we suppose to be implied by the not very precise term "want of tone" is the—or it may be better to say *a*—characteristic feature of disorders in general just now, and that "in none is it more obvious than in those which peculiarly affect official and professional men working at high pressure." What we understand by "want of tone," so far as any precise meaning can be attached to the phrase, is the inertia of exhaustion. There are many varieties of inertia or lack of potential energy arising from different faults in the organisation or working of the brain and body. And there may be want of power from some fundamental organic defect which renders the evolution of force impossible. In this case the result will take the form of incapacity rather than "want of tone." We cannot but think that no inconsiderable proportion of the disorders which the writer of the paper would appear to attribute to the effect of undue "wear and tear" should rather be ascribed to the natural incapacity of men, and women too, who, without a physical organism capable of evolving force sufficient for the needs of the lives their ambition impels them to try to lead, place themselves in situations calling for more power than they can possibly evolve in response to the requirements of an unsuitable environment. It must never be forgotten that—whatever view may be taken as to the existence of a soul inhabiting the body—*mind*, properly so called, is simply and solely brain-function; and in working the brain mentally we are doing a precisely similar thing to working the muscular system by locomotive exercise, or the digestive and nutritive glandular system by eating and drinking so as to necessitate activity of the assimilative and disassimilative apparatus. The one process is as directly and purely physical as the others. Excessive thought means cerebral hyperæmia as inevitably as excess in the use of a gastric stimulant means active congestion of the mucous membrane of the stomach; and just as habitual excessive use of too irritating food and drink may induce passive congestion in the intervals, or as the sequel, of active congestion of the gastric organ, so may too persistent and excessive brain work tend to the production of a chronic engorgement of the vessels of the encephalon, with whatever that physical fact involves or entails. We speak of only *one* form of disorder which may be induced by excess of brain work, not to the exclusion of others, but simply by way of illustration. The point on which we wish to insist is that a perfect similarity of law governs the development of disorders of brain and body; and, as a consequence of this indisputable proposition, it must be understood that just as some individuals have a natural congenital incapacity for great muscular exercise or excessive efforts of digestion or disassimilation, so certain persons have a natural congenital inability for considerable or prolonged brain work; and these persons are almost sure to break down ultimately, although they may be propped up for a time by stimulants and other temporary aids to exertion, if they persist in undertaking mental work which is too great for them. The inability of which we speak does not necessarily imply any want of intelligence, or even of cleverness. On the contrary, it not uncommonly happens that the men and women who are unfitted by nature for continuous exertion of the mind are capable of exceptionally brilliant exploits of intellectual energy, which resemble the sudden discharges of a leaky accumulator overcharged with electricity. Such persons are in danger of being betrayed into false positions by the misleading effect of sudden successes, and the too impulsive appreciation of those with whom they are brought into contact. Many a signal collapse in statesmanship, in literature, in science, in art, and in many other walks of life may be explained in this way, and we believe ought to be so regarded, rather than as the result of overwork or fair wear and tear even in London life. There is far more over-reaching than over-working in this modern life of ours. Success is too generally accepted as a conclusive proof of capacity, instead of being attributed, in part at least, to the chapter of accidents. Those who wait on the development of character, and study the evolution of organism and force through long periods, know that the plant which springs up and bears fruit quickly has too often no deep root. An explosive liberation of energy is far more likely to take place in the prematurely energised than in the slowly and steadily growing organ.

We quite agree with Dr. ROOSE as to the importance of mending the fashion of the time as regards work and enterprise; and, subject to certain reservations which it is necessary to make, we are willing to concede that "progress" may be too rapid. It is just as foolish to haste to be great and successful as it is to haste to be rich; but looking at these matters from a practical point of view, we cannot help thinking the medical practitioner may accomplish the largest amount of real good by warning those with whom he comes in contact against the over-estimation and undue strain of limited capabilities. It is not for the interest of the race or of the individual happiness of mankind, and particularly the English community at this epoch of our national history, that every young man and young woman who evinces a little capacity or shows "cleverness" should be encouraged and incited to make efforts which demand not simply an accumulation but a reserve of energy, and, what is even more important still, the physical capacity for producing force, almost indefinitely, to replace that which is called out by exceptionally exigent circumstances. The times in which our lot is cast, and the life we are called upon to live, demand powers of endurance and a productive capacity for the evolution of energy such as, perhaps, man has never needed before.

NINE months ago Mr. MITCHELL BANKS related at the Medical Society of London a case of strangulated scrotal hernia, in which, on opening the sac, he found several inches of gangrenous intestine. The sphacelated bowel was excised, and the two ends of intestine were united and returned within the abdomen. The patient recovered. This case excited some discussion at the meeting at which

it was related, and we commented on it. We find that, within a few days of the reading of this paper, and before a report of it had crossed the Atlantic, a very similar operation was performed in America, and with an equally successful issue. The case is recorded in the current number of the *International Medical Journal*, and was under the care of Dr. CLARK STEWART, of New York. The patient was a man aged sixty-eight, who was admitted to hospital with a strangulated femoral hernia which had been irreducible for three days. On opening the sac, fæcal matter and fluid escaped, and there was then exposed to view a coil of intestine three inches long, "on the convex surface of which was a diverticulum about one inch in diameter, having a small ragged opening at its extremity." The walls of this diverticulum were very thin, as the mucous membrane of the gut was here destroyed, leaving only some peritoneum and dilated veins. About four inches of the bowel were then excised, the corresponding portion of the mesentery being ligatured in segments half an inch from its attachment to the gut. All bleeding vessels in the bowel were tied, and the two ends were then united by fine gut sutures, and the part returned within the abdomen after free irrigation with corrosive sublimate lotion. On the following day the man took three cups of milk; on the third day whisky and sarco-peptones were added to the dietary. On the sixth day one large stool and on the seventh day two natural motions were passed. Subsequently, the patient showed signs of congestion of the base of the left lung, and gave much trouble from active delirium. The wound healed by first intention, and the patient eventually left the hospital quite well.

This case will lend considerable support to the views originally advocated by Mr. MITCHELL BANKS, and will induce surgeons to look with more favour upon a procedure which has provoked a good deal of criticism. The published report of this case is deficient in many particulars. Thus no mention is made of the state of the coil of intestine in the hernia, but only of the diverticulum, except that it is once called "diseased"; and it is only from the heading of the report that we infer it to have been gangrenous. Nor is there any satisfactory mention made of the state of the coverings of the hernial sac. The sequel of the case is also given in a very imperfect manner. In spite of these defects, however, the report is valuable, and suggests one or two points for discussion.

First, as to the advantage of the operation. Dr. STEWART says that out of twenty herniotomies he has seen, gangrenous gut has been found in two instances, and in both the bowel was opened and left *in situ*, "both patients dying early from septicæmia." It was this adverse experience which led him to prefer excision of the intestine when this case presented itself to him. We have little doubt that in this particular instance the right line of practice was followed, for at the time of the operation the patient's pulse was only 70, and we are led to infer that there were no local conditions to render such a proceeding particularly difficult or dangerous. There appears to have been just that combination of local and constitutional conditions which favours recovery after enterectomy. In one particular the steps of the operation differed from the ordinary course. Instead of excising a V-shaped piece of mesentery, this peritoneal fold was tied and divided close to and parallel with the bowel. The advantage of this plan is that it does not interfere with the blood-supply to the bowel on either side or imperil its vitality. One of the great dangers attending the excision of a V-shaped piece of mesentery is the occurrence of gangrene in the bowel left behind. Where the length of bowel to be removed is not great, the practice pursued by Dr. STEWART is undoubtedly the best; and where a greater length of bowel has to be removed, a combination of the two plans might afford the best results, a small V-shaped piece being removed from the central part of the detached mesentery.

Still more important inquiries are suggested by the subsequent treatment of the patient. Mr. BANKS used every precaution to secure prolonged rest to the bowel, giving only ice for four days, then for eight days more ice and beef-juice, and the bowels were not relieved until the twenty-third day. Dr. STEWART, on the other hand, gave milk after a few hours, and quickly added alcoholic stimulants and liquid food in "large amounts," while the bowels acted on the sixth day. The one case was a man aged twenty-five, the other sixty-eight; but this by no means sufficiently explains or justifies such a wide divergence in practice. We must confess to being strongly of opinion that the plan carried out by Mr. BANKS is the better of the two, for it alone secures that rest to the injured parts which is so important in securing their speedy and firm union, and the prevention of extravasation from the intestine, with subsequent peritonitis. Dr. STEWART'S patient seems to have been a very troublesome one to deal with, and all praise is due to the surgeon for the successful issue of the cases, but we believe that if the diet had been more rigorously restricted, and stimulants lessened or withheld altogether, the opiates exhibited would have exerted more power in restraining the peristaltic action of the intestines. That, in spite of all these adverse circumstances, the stitches held, and no fæcal extravasations occurred, is a striking testimony to the skill with which the intestinal suture was made and the rapidity with which peritoneal wounds may heal.

IN entering upon his duties as medical officer of health for the borough of Bradford (Yorks), Dr. HIME takes the opportunity of reviewing the work done by the Corporation during the ten years which have elapsed since the passing of the Public Health Act of 1875. The borough of Bradford covers an area of 10,776 acres, or 16·8 square miles; and in 1884 the population per acre was 19·4; it varied, however, from 100 per acre in the west ward to 2 per acre in Allerton. The population in 1884 numbered 209,564, it having increased to that number from 118,098 in 1864. The birth-rate has varied largely during the decennial period 1875-84. In the earlier part of that period it averaged some 38 per 1000, but it had latterly fallen to but little over 29. In this connexion it should be noted that the proportion of marriages has steadily declined; indeed, whereas every 68 persons in the borough provided one wedding in 1872, it now requires 105 persons to bring about the same result; and it seems evident, from what Dr. HIME says, that other causes than diminution of commercial prosperity must account, in part at least, for this decline in the marriage rate. But if the birth-rate has diminished, there is satisfaction in also noting

a very decided diminution in the death-rate, which, with but comparatively insignificant oscillations, has fallen from between 26 and 27 per 1000 in 1865-74 to 21·0 per 1000 during 1875-84, the mean during the last five years of the latter period being only 20 per 1000. This point is illustrated in different ways by Dr. HIME; and a diagram in which the excess over 20 during each of the ten years 1875-84 is shown by means of columns must convey to the most uneducated the lesson that a satisfactory result has been achieved in so far as the saving of life is concerned.

Taking up the question of mortality at different ages, it appears that immediately prior to 1875 the deaths under one year were at the rate of about 20 per 1000 births, whereas during the last five years of the decennium under consideration they had fallen to an annual mean of 166 per 1000, and this notwithstanding a somewhat exceptional excess in 1884. Dealing next with the mortality at school ages, a subject which has recently occupied a good deal of attention, it will be remembered that in 1882 the Registrar-General was able to point out that whilst the general rate of death at the school age had diminished somewhat considerably, there was a very slight increase in the mortality at that age from nervous diseases, and that the rate from tubercular meningitis and hydrocephalus was 0·22 per 1000 during 1881 and 1882, whereas during the ten years 1861-70 it had averaged 0·20. Dr. HIME, examining the statistics for Bradford, points out that whereas in Bradford the decline between the mean rate for the ages of from five to fifteen years between 1875-79 and 1880-84 amounted to 25 per cent., yet there had been an increase amounting to 3 per cent. in the "local diseases," including affections of the brain and nervous system at the school age, and this notwithstanding a diminution of 7 per cent. in this group when all ages are taken into consideration. And taking up several classes of diseases, he shows that between five years and fifteen years the differences between the rates in the periods 1875-79 and 1880-84 were as follows:—Nervous diseases exhibited an increase of 42·5 per 10,000, hydrocephalus showed a diminution of 34·2 per 10,000, and convulsions an increase of 180 per 10,000. As regards the latter rate, however, it is pointed out that its significance is diminished by reason of the small number of deaths occurring from convulsions between five and fifteen years. The outcome of this investigation shows that the very satisfactory improvement which is observable in the various classes of deaths during recent years has not prevailed amongst the "nervous diseases," which at the ages referred to have become more fatal, and this increased fatality at this special period of life is regarded as indicating the bad effects of injurious agency in connexion with schools. At the same time Dr. HIME, whilst pointing to the facts as deserving of the earnest attention of the authorities concerned, gives his opinion that the whole mischief cannot be attributed to schooling alone. In every way the population "lives faster," and this is especially the case amongst children, who are brought forward to an extent not thought of in former years.

Comparing the deaths from the several specific fevers during the two periods of five years forming the decennium 1875-84, it appears that the small-pox rate per 10,000 had fallen from 0·10 to 0·05, scarlet fever from 11·88 to 4·52, diphtheria from 1·03 to 0·49, and the "fevers" from 3·52 to 2·20, whereas there had been an increase as regards measles and whooping-cough; diarrhœa also had slightly increased; but phthisis, and the pulmonary diseases most likely to be confounded with it, had undergone some diminution.

In many respects this report almost resembles a text-book of practical hygiene, as regards such matters as the precautions to be taken against consumption, the history of woolsorter's disease, the notification of infectious diseases, the pathology of the infectious fevers, and the hygiene of factories. In each of these matters the experience of Bradford is given, and the report, as a whole, cannot fail to be of great local value, and to form an admirable introduction to the series of annual reports which we may expect Dr. HIME to prepare.

SIR ANDREW CLARK does not confine himself to the limit of his consulting-room in dispensing good advice. His conception of the function of the physician is a large one. According to it the physician is a public teacher, whose duty it is to enunciate the laws of health, and not to stop there, but, in the style of the old prophets, to threaten the very judgments of heaven to all who break them. The laws of health, according to Sir ANDREW'S view, are synonomous with the commandments of GOD, and disease comes of sin, ignorance, and folly. "All men ought to be healthy; men were not made to be diseased," but they rebel against the laws of health, they prefer to take their instincts for their guide, and so they incur disease. Instincts, inclinations, appetites, can never be trusted alone with safety; they must be controlled and guarded by two policemen—experience and understanding. In London, Sir ANDREW said, in his speech, in presiding at the National Health Society, at least half the population are ill from not recognising that mental health depended on the health of the body, and because they would not deny themselves and obey the laws of health. There is something very absolute in these teachings, and some may be disposed to question whether they are not too severe and impracticable. But in the main they are right, and it must be conceded that a very large part of the need for doctors arises from the sins, ignorance, and follies of mankind. Absolute health, indeed, may be unattainable. Many of the longest and the most useful lives do not exemplify it. Women exceed men in their longevity, though they are by no means models of conduct as regards observance of the laws of health. But in the main, we repeat, Sir ANDREW is right, and half the diseases of the world, and especially of our civilisation, will disappear when men have learnt to live "soberly, righteously, and godly." It is amazing to notice the ignorance of the laws of health and the functions of the body displayed by even enlightened people. It is equally so to observe their notions of the possibility and nature of medical help. When Dr. JOHNSON was attacked with paralysis of speech he was very anxious to see Dr. HEBERDEN, and, in a letter containing much sound medical sense, expressed his opinion that much could be done by stimulants, and suggested that "a vomit, vigorous and rough," might rouse the organs of speech. Equally crude are the views that obtain among otherwise educated people nowadays, who are apt to divide their faith between coarse drugs and impalpable doses, and who make the

fundamental mistake of supposing that medicine is the great preservative of health, apart from observance of the laws of health. The members of our profession need be in no fear of having no work to do. Their occupation is not likely to go and universal health to prevail, for a few centuries yet. For the present men study everything before their health, and come to the medical man to extricate them from the consequences of their inattention. It would be no unwise thing for people to consult the physician as to the prevention of disease in themselves and their children. But this presupposes that something short of actual disease will make them willing pupils of the physician. This is a somewhat violent supposition, and raises the question whether even the eloquence of Sir ANDREW CLARK will induce men to regard the laws of health until they have to learn their existence from the consequences of breaking them.

LITTLE, if anything, would be gained by discussing the question of lunacy law reform until the Legislature shall have found it possible to make time for at least the most urgent of ordinary business in the interests of domestic peace and prosperity. At present the attention of the governing authority seems to be monopolised by matters of no moment to the masses of the people, and meanwhile the real needs of the community wait. This is a very unsatisfactory, we had almost said a discreditable, position of affairs, but there seems to be nothing left for us but to put up with it as best we may. It is, however, only reasonable to expect that, so far as most questions are concerned, executive bodies administering the law as it stands will not, pending the delay, make themselves more than necessarily offensive in the discharge of their immediate duties. The Commissioners in Lunacy sorely need a little pointed advice on this subject, and, whether they accept it or not, we will make bold to offer our counsel. Until it is finally decided whether local authorities are to be entrusted with the provision of asylum accommodation for the paying as well as the pauper lunatics of a county, the Commissioners in Lunacy might with very good grace forbear to put into execution perfectly new ideas with respect to the construction of asylum buildings. For example, nothing can be more absurd than for the Board at Whitehall—which we earnestly hope is on the eve of being reformed or superseded—to lay down and enforce a rule that a county asylum must needs be erected on a plateau of twenty-five acres of land, and have a frontage extending some 600 feet. Why, in the name of sanity, "twenty-five acres"? and why "600 feet"? The first of these conceptions is manifestly a pure phantasy, and the last mentioned is a project having in it all the elements of madness. We strongly recommend the magistrates of Middlesex to withdraw their scheme and take refuge from the vagaries of a demented board in a masterly policy of inaction. *Quis custodiet ipsos custodes?* will have a new application if the official guardians of the insane do not speedily place themselves under some of the restraints of decency and common-sense.

DR. DON FRANCISCO VINALS has been unanimously elected by the Senate of the Faculty of Medicine of Madrid as Clinical Professor.

Annotations.

"Ne quid nimis."

THE FELLOWSHIP OF THE ROYAL COLLEGE OF SURGEONS.

AT a meeting of the Committee of the Association of Fellows of the Royal College of Surgeons of England, held on Monday last, the following resolution was passed unanimously: "It being understood that a committee of the Council of the Royal College of Surgeons is considering a proposal made by one of the members of the Council to the effect that fifty Members of the College shall be elected annually and without examination to the Fellowship, the committee of the Association of Fellows—though favourable to the institution of increased facilities for Members of the College to become Fellows by examination—hereby expresses its disapproval of any attempt to lower the acquired academical status of the Fellowship, and pledges itself to resist such to the uttermost." A copy of this resolution has been forwarded to the President and Council of the College.

"HER MAJESTY THE QUEEN."

PROBABLY there is no Sovereign in the world whose health and happiness are so frequently an expressed desire of the people as that of "Her Majesty the Queen," for whenever a few of the English-speaking race meet together, if any sentiment is to be proposed, the health of Her Majesty stands first, and is loyally responded to by any gathering from among the many millions of the Queen's subjects in all parts of the globe. Those of our readers who have read the Greville Memoirs, the life of the Prince Consort, the life of Lord Palmerston, and that of Bishop Wilberforce, will have gathered that the cares of State press very heavily at times on the Sovereign of these realms, as well as on those high in office. Those who can call to memory the touching description in the "Four Georges," of the dear old "Farmer King," when a gleam of reason returned to him, his thanksgiving, his hopes, and his resignation, will be able to gauge the extent to which the "cares of State" may undermine a monarch's health. It should not be overlooked that Her Majesty has now reached the age of sixty-seven, and at this period most people are admitted to be fully entitled to some repose from the jostle and strife of life. The Queen, not less than the poorest of her people, is subject to the laws of nature, and at her period of life may fairly claim the affectionate consideration of her subjects at this the most trying crisis of Her Majesty's reign. The statesman who has just relinquished office has no doubt given every consideration to Her Majesty nor can we doubt that his successor in office will be equally mindful of what is due to the Queen. It is, however, "not only the constitutional right, but a constitutional duty, of the Sovereign to discuss with him (the Premier) confidentially all the aspects of the proposed ministerial changes, and to submit to the aspirant Premier such considerations as may suggest themselves bearing upon the expediency or the possibility of a successful issue." This sentence (from *The Times* of Feb. 1st) will convey to our readers some idea of the weight of responsibility resting on Her Majesty. Medical men can estimate better than others the possible and probable effect of this anxiety. There is a limit to what human nature can bear, and the Queen is no exception to the rule. If, however, Her Majesty could for a time remove the Court to Windsor, if not to London, the convenience to public business and to her ministers would be very great during the present political crisis.

PORRO'S OPERATION; SURVIVAL OF MOTHER AND CHILD.

La Gazzetta degli Ospitali (Jan. 20th, 24th, and 27th) reports the case of C. C——, admitted June 10th, 1884, in the Gynæcological Clinique of Pavia under Professor Cuzzi. The patient had suffered much from infantile rickets, and only walked with difficulty at seven years of age. She menstruated at twelve, was married at twenty-six, and had a history of seven pregnancies. The first resulted in the birth of a living child at seven months, the second in abortion at three months, the third in a living child at full term, the fourth in twins born alive at seven months, the fifth and sixth in living children at full term. The patient remained in comparatively good health for five years, when she again became pregnant. Her health suffered greatly, she endured intense pain, and sought admission into the Pavia Clinique in the eighth month of gestation. She was greatly debilitated, and the pelvis so much deformed that the lower outlet barely admitted the exploratory finger. Labour pains commenced at 1 P.M., July 22nd. As natural delivery became obviously impossible, in the absence of Professor Cuzzi, who had foreseen the probable necessity of operative interference, this was undertaken, with competent assistants, by Dr. Guzzoni degli Ancarani. The patient having been placed under chloroform, and strict antiseptic precautions adopted, an incision eight inches long was made in the middle line, and, according to Müller's modification of Porro's operation, the uterus was bodily brought out through the wound and an elastic tube applied round the cervico-uterine cone (*sul cono cervico-uterino*). Having divided the uterus, broken the membranes, and extracted the fœtus, the operator replaced the elastic ligature with a wire one; he then amputated the uterus and applied perchloride of iron to the stump. Having quickly completed the peritoneal toilette, the stump was fixed with a strong needle passed below the metallic ligature, the wound sutured with antiseptic silk, styptic colloid applied to the edges, and the dressing completed. The operation lasted for a few minutes over the hour. The woman woke in good condition, and had some repose after a hypodermic injection of sulphuric ether. The child, a male, was living. All the sutures were removed the seventh and eighth day. Convalescence was uneventful; the patient left her bed the forty-fifth day, the clinique for home the eighty-second day after the operation, and continued in fairly good health when seen a year afterwards.

THE PERILS OF FOOTBALL.

THREE weeks ago we called attention to a sad fatality at football, the third that had then occurred this season. In the short interval from then till now three more deaths have been recorded in the papers. On Jan. 22nd, John Francis Ashmore died from the effects of an injury received whilst playing in a match at Eckington. It is stated that after playing between five and ten minutes he was charged by one of the opposing players, who, it is alleged, kicked him in the stomach. Nothing serious was expected, as Ashmore continued playing; but shortly afterwards he went home, and became much worse, with intense pain in the stomach, and death ensued within twenty hours after the injury. On Jan. 27th a youth named Nathan Pilling died at Widnes. A few weeks previously he is said to have taken part in a football match at Penketh, near Warrington, when he received a kick in the stomach, and was carried off the field in an insensible condition. He was afterwards for a time in fair health, but two days before his death he was seized with fits, which continued until he expired. Last Saturday, during a football match played at Keighley, a young man named Benjamin Walker picked up the ball from a "scrimmage" and attempted to get away with it. He was, however, "tackled" and fell, the opposing players in the rush falling upon him. Walker's head was doubled under his breast, and it being evident that he was seriously injured he was taken to Keighley Cottage Hospital, where it was found the spinal cord was ruptured. The unfortunate man lingered until Sunday evening, when he died. We regret not to have seen any account of the inquests held in these cases. Some more strong expressions of opinion on the part of juries might have a good effect. It is obvious that something will have to be done to modify the extremely dangerous way in which football is at present played. Six deaths, accidents innumerable, and who can tell how much suffering and deprivation to the victims' friends, emphasise strongly the need for radical measures of reform.

PTOMAINES AND LEUCOMAINES.

THE physiological action of ptomaines from putrefying meat has been studied by M. Gautier by extracting the alkaloids and examining them according to their solubility in ether, chloroform, and amylic alcohol. The alkaloids obtained by digesting with ether caused convulsive movements, rapid action of the heart, injection of the ears, stupefaction and contraction of the pupil in dogs. The chloroform extractives accelerated markedly the respiration, and slightly the action of the heart, and also injected the concha; the symptoms disappeared in fifty minutes in a dog of medium size. The amylic alcohol alkaloids paralysed the movements of frogs, dilated the pupil, and killed with general relaxation of the muscles. Free ptomaines are more dangerous than their salts, and especially those that are soluble in ether. Dilatation of the pupil, tetanic convulsions soon followed by muscular flaccidity, slowness of the heart's action, absolute loss of cutaneous sensibility, and loss of muscular contraction were the chief phenomena observed in frogs. Irregularity ending in contraction of the pupil, remarkable injection of the concha of the ears due to vasomotor paralysis, slow respiration, somnolence succeeded by convulsions and death, and loss of muscular contractility were the main effects witnessed in dogs. For a long time M. Gautier has averred that the alkaloids of putrefaction vary according to the nature of the soil in which they are developed. MM. Brouardel and Boutmy have considered that they varied also according to the time at which the bacterial fermentation began. Further, M. Gautier has noted that, whatever be the nature of the soil, the compound hydropyridic alkaloids, and especially hydrocollidine, are found in a constant manner, and appear to be the alkaline products of bacteria that have most vitality, and suffocate all the other kinds. Turning to leucomaines, M. Gautier in 1881 announced that the excretions of animals contained bodies of the nature of ptomaines. If the elimination of these leucomaines were diminished by any of their ordinary routes of exit, it is not improbable, in M. Gautier's view, that they might lead to disease. With the object of confirming his preliminary observations he has studied the muscular juice of large animals, and has extracted five new alkaloids, perfectly defined and crystallised, endowed with a more or less powerful action on the nervous centres, causing sleep, fatigue, even vomiting and purgation, after the fashion of the alkaloids of venom, but less actively than the cadaveric sorts. He appears also to have shown that these alkaloids are produced side by side with carbonic acid and urea in the ordinary metabolic activity of the tissues. It remains to consider by what mechanism these alkaloids are produced; whether they are engendered by physiological or pathological decomposition; what is the consequence of their incessant formation in the economy; what happens to them, and how we escape from their evil effects. Thanks to the respiration and to the

circulation of the blood, oxygen is able to penetrate everywhere in the animal organism; it does not follow, however, that the successive phenomena of assimilation and disintegration of tissues in animal life are essentially aerobic—in other words, oxidative. M. Gautier endeavours to prove, on the contrary, that many of the transformations in the tissues of higher animals are anaerobic. The mode in which we resist the action of the alkaloids formed in our tissues is twofold—elimination and destruction by oxygen. Elimination is effected by the kidneys, alimentary tract, and skin; oxidisation is probably chiefly effected in the circulating blood. Any cause that diminishes the access of air to the blood, or causes a decrease in the amount of hæmoglobin in the body (as in chlorosis and anæmia), or the introduction into the blood of substances that prevent the respiratory changes, leads to the accumulation of azotised substances of the nature of ptomaines and leucomaines.

ALLEGED DEATH FROM VACCINATION.

UNDER the title "Alleged Death from Vaccination" the *Earlestown Guardian* of Jan. 30th gives an account of an inquest which was held on Jan. 22nd, at Lowton, on a female infant aged three months, who had been vaccinated on the 19th inst., and who died on the morning of the 22nd inst. The mother took the child to bed on the previous night, and she slept quietly until 5 o'clock in the morning, when she screamed. The mother, believing the child required food, supplied its wants, when the deceased closed her eyes and died without a struggle. The child, who had been vaccinated on the right arm, was found to be greatly discoloured on the right side of the body and neck. The parents believed that vaccination had something to do with the death of the child, and hence an inquest was held, but they objected to a post-mortem examination, and in the absence of any evidence as to the cause of death an open verdict was returned by the coroner's jury. It is a matter for regret that all the circumstances attending the death of the child were not fully investigated. The newspaper report of the proceedings does not make it clear whether the discolouration referred to was due to post-mortem changes. If the child had suffered from septic poisoning, the result of vaccination, its condition would have been apparent to the mother before she took it to bed on the 21st inst. Its death may have been due to asphyxia caused by the feeding, or to convulsions, which had no relation to the vaccination. The exact cause will probably never be known.

THE CORPUS CALLOSUM.

THE current number of the *Liverpool Medico-Chirurgical Journal* contains a paper by Professor D. J. Hamilton, in which he clearly sets forth the discoveries he has made upon the structure of the corpus callosum, which were brought before the Royal Society and have important bearings upon the presumed function of this part of the brain. Professor Hamilton has shown, by means of most carefully prepared sections of the whole brain in the adult and of the fœtal human brain, as well as of the brains of animals possessing a corpus callosum, that the general belief in this structure being a commissure between homologous parts of the cortex of the two hemispheres is erroneous. He describes the corpus callosum as composed in its whole extent of decussating fibres, which arch upwards, outwards, and downwards into the centrum ovale. What one may perhaps term the incoming bundles of fibres (as regards the corpus callosum) of this crossed callosal tract can be traced from all parts of the cortex, passing down mostly along the margin of the great longitudinal fissure; whilst the out-going bundles, instead of pursuing, as ordinarily taught, a similar but reverse course, turn downwards into the inner and outer capsules. The proofs of this rest upon three groups of facts—viz., (1) that the "crossed callosal tract" corresponds in extent with the whole extent of the corpus callosum; (2) the arching of the fibres outwards and downwards, a fact long since noted by Foville, but disputed by Meynert; and (3) the actual tracing of bundles of fibres from the cortex of one hemisphere to the capsules of the opposite. The special methods of preparation employed by Professor Hamilton have aided him in making this demonstration, rendered the more difficult by the various directions in which the fibres seem to converge at the inner capsule, so that it is impossible to make sections in any plane which do not divide some of the fibres. In his paper in *Brain* (July, 1885) Professor Hamilton showed that in the fœtal brain the crossed collateral tract could be well demonstrated. As he does well to point out, these fibres have no direct relation with the motor tract, and it is absurd to suppose that he intended to demonstrate that there was a higher decussation of the motor fibres than that in the pyramids. The motor tract is perfectly distinct from the callosal, the office of which appears to be to connect the cortex with the basal ganglia; and it is only in accordance with what seems to be a general law of the nervous system that such connecting fibres should decussate. As yet pathology has contributed little to confirm Professor Hamilton's discovery—viz., in the occurrence of secondary degeneration of the callosal fibres; but he refers to a case recently in the Aberdeen Asylum of a woman sixty-two years of age, imbecile from birth, in whose brain there was absence of portions of the cortex on the right side, and of the capsules and island of Reil on the left, with concomitant absence of the left crossed callosal tract.

THE USELESSNESS OF INQUESTS WITHOUT POST-MORTEM EXAMINATIONS.

WE have frequently pointed out the inutility of inquests without post-mortem examinations, but never have had a better illustration of our remarks than an inquiry concerning the death of a boy held at the Foundry Inn, Wigan, on Wednesday, the 27th ult. The boy, aged thirteen years, was said to have received a kick from another boy on the 16th. He did not complain till Monday the 18th, and he went to school on the morning of that day. At noon he complained of pain below the knee and pain in his head, with vomiting. Medical aid was sought on Wednesday, the 20th, and on examining the leg no mark of violence could be seen. Warm applications were ordered, and the vomiting and head symptoms were treated. On the 21st there was slight swelling below the knee, some stiffness, a good deal of pain when the leg was moved, head symptoms more marked, conjunctiva suffused, slight delirium, temperature 101°, and restlessness. Linseed-meal poultices were now applied. The symptoms increased, the delirium became more marked, and on the evening of the 23rd the temperature was 104°, with redness and swelling below the knee and very slight fluctuation. On the 24th another practitioner was called in, who considered it to be a case of blood-poisoning from the kick. He incised the swelling and some pus escaped; the head symptoms, however, increased, and the boy died the same evening. A certificate of death from septicæmia was given but the registrar, being informed of the kick, communicated with the coroner, who decided to hold an inquest. This was done, as we have stated, on the 27th ult. No post-mortem was ordered and no medical evidence called. The jury, after hearing the evidence of the father and another witness, found the following verdict: "Died from blood-poisoning caused by a kick received whilst playing with another boy," and that no one was to blame. The medical men of Wigan have, we believe, as a rule no ground of complaint against their coroner, who generally consults them, orders post-

mortems frequently, and calls them to give evidence. Here therefore we have an exception to prove the rule, but it is in a case which surely demanded both a post-mortem and medical evidence, especially as another boy was supposed to have caused all the mischief, and if so should probably receive some share of blame. But we are of opinion that, had a post-mortem been made, evidence would have pointed to acute meningitis as the cause of death, with the suppuration as a coincidence. At all events, it is not usual to have acute septicæmia without broken skin or an open wound. Inquiries of this nature, therefore, are useless unless accompanied by both post-mortem examinations and medical evidence.

RUPTURE OF THE UTERUS.

AN inquiry was recently held at the Black Swan, Brighouse, Yorkshire, by Mr. Barstow, the district coroner, into the circumstances attending the death of Elizabeth Gath, aged thirty-eight. It appears from the evidence that the deceased woman was taken in labour on Jan. 12th, at 2.30 A.M., and that a midwife who had been engaged to attend her was then sent for. The latter person on her arrival found that parturition was in progress, the membranes having ruptured. Upon vaginal examination she found that there was an unusual presentation, but what she actually did to expedite labour and with what result was left in doubt. Within an hour, more or less, deceased was seized with "a sick fit," as narrated by the midwife, from which she never rallied. Recognising the gravity of the case, she sent for a medical man, but not until more than an hour had elapsed from the onset of the fatal symptoms. When he reached the house he found the patient dead. It was admitted by the midwife that she seized a leg of the fœtus and brought it down, using, according to the testimony of an eye-witness, very great force. There can be no reasonable doubt that the so-called fit was an attack of syncope caused by rupture of the uterus, and the questions at issue were whether such rupture occurred spontaneously or through the instrumentality of the midwife, and, in the latter event, whether there was culpable and criminal negligence. Dr. Bond, the doctor consulted, asserted that the midwife told him in the first instance that the attempt to assist delivery was made prior to deceased evincing symptoms of shock before referred to. At the inquest she stoutly denied the truth of this, and persisted in her statement that she made traction on the leg subsequently to the "fit." At the post-mortem examination made by Dr. Bond, a rent twelve inches long was found in the uterus on the left side towards the front, and in that portion of the uterine wall which had impinged on the pubic bones there were some extensive bruises extending through its whole thickness. It became a matter for consideration whether these bruises could have been produced by the uterus being driven against the pelvis by its own contraction, or whether it was not more likely that they were caused by forcibly pulling on the leg of the fœtus. To say the least, it is not usual to meet with extensive bruisings distant from the rupture, but we are far from denying that such may not occur independently of the application of extraneous force. The jury found a verdict that deceased died from syncope brought on by rupture of the uterus, but how the rupture was induced there was not sufficient evidence to show. They censured the midwife for not having called a medical man earlier, and the coroner observed that she had contradicted herself whilst giving her evidence, and administered a caution to her as to her conduct of midwifery cases in the future. We are of opinion that the demands of justice were fully complied with. It is highly probable that had the midwife been committed for manslaughter the grand jury would have ignored the bill of indictment. In the first place, the accident which happened is of such an appalling nature that, whether it occur spontaneously or be caused by artificial means, it is not to be wondered at that persons in charge of the case should be unnerved, seeing they are utterly helpless to avert the catastrophe. Whilst we admit that it is an excellent system for trained and competent midwives to attend the poor in their confinements, we contend, nevertheless, that whenever the slightest difficulty arises in the course of labour it is the bounden duty of the midwife to summon medical aid without a moment's delay. The recorded cases of spontaneous rupture of the uterus are so numerous, that the fact of rupture in a given case is not in itself at all convincing that it arose from other than natural causes. We cannot subscribe to the editorial article in a local paper, where it imputes blame to Dr. Bond. From our reading of the case, that gentleman acted in an exemplary manner, and gave his evidence with the greatest fairness.

THE RATING OF CHARITIES.

THE *Charity Record* is doing good work in directing the attention of members of Parliament to the measure that is being promoted by an association just formed "to obtain a Bill to secure for public charities the restoration of the exemption from local rates which they enjoyed prior to the year 1866." The replies to inquiries on this subject from twenty-six metropolitan members are very interesting. We are not the less gratified with them because they are not all blandly favourable to the proposal of exemption. But they show an intelligent appreciation of the questions involved, and a disposition to be considerate to the charities. When the voluntary charities of this country are duly estimated, as they can only be by comparison with the State-supported charities of other countries, Parliament will feel the force of the argument for exempting them. The charities of this country save the ratepayers and the taxpayers by doing that which in other lands is done by the State. Surely the least the State can do in return for such generous action of individuals on behalf of the poor and the pitiable is to exempt the buildings from rates. We know only too well the burdens of the ratepayers. But the charities immensely relieve the burdens, and should themselves be relieved of rates. According to a rigid political and fiscal doctrine perhaps they should be rated, but if this hard political doctrine is pushed it will give another blow to our voluntary system, which in these hard times it is very difficult to maintain.

PAUPERS AND PORRIDGE.

THE casual wards, or rather the cells, attached to the Westminster Union workhouse have been particularly crowded this winter. Comparing the first five weeks of this year with the corresponding period of last year, the following is the number of casuals who have obtained relief. During the first week of 1885 casuals of both sexes numbered 49, and during the first week of this year there were 78; the second week of 1885, 62, and 115 in 1886; the third week, 71 and 98 respectively; the fourth week, 84 and 102; the fifth week, 73 and 80. Such a notable increase seemed due to the prevailing commercial depression and the number of persons out of employment. The master of the workhouse, however, did not agree with this suggestion. He said that the increase followed immediately upon the improved dietary now given. Formerly only half a pound of bread was included with the night's lodging; now a pint of porridge is given, and this is a fairly substantial meal, for as much as a pound and a half of oatmeal is mixed with eight pints of water. On the other hand, this district has availed itself of the new and optional Casual Wards Act of 1882, by which the applicants are detained during two nights and a day.

Formerly the labour test was completed at about eleven in the morning, and the casual then released. It was argued that this was not sufficiently severe, and also that eleven was too late in the day to obtain work. The unfortunate men and women are therefore kept overnight, and then released at seven or eight on the following morning. Thus we have a clear proof that a bowl of porridge is sufficient to determine a considerable increase in the number of persons seeking shelter in the casual ward, though this little advantage is counterbalanced by two nights' imprisonment and a day's oakum-picking. The cells are not so comfortable as those occupied by ordinary criminals, yet in one single district more than a hundred persons during the course of the fourth week in January voluntarily submitted to imprisonment and hard labour for the sake of a little oatmeal porridge. What a picture of suffering and starvation these few figures afford. No wonder that illnesses due to insufficient nourishment are of frequent occurrence. Nor is it surprising that a cry should be raised in favour of organising the unemployed, and securing for them, from the State if needs be, work of a more remunerative and useful character than mere oakum-picking. For our part, without intervening in this economical problem, we can at least insist that energetic measures must be adopted to provide food where it is absolutely wanted, otherwise the public health will be gravely compromised.

THE PARASITICIDE TREATMENT OF LUPUS.

PROFESSOR WHITE, of Harvard University, starting upon the basis that lupus is a form of tuberculosis of the skin, and that it consists of chronic inflammatory changes in the tissues produced by the presence of a bacillus, has sought to found a simple and rational treatment by bringing into contact with the bacteria some substance which, without injuring the animal tissues, will destroy the life of the bacteria. Stimulated by a paper by Doutrelpoint, he has used in twelve cases bichloride of mercury ointment and lotion in the strength of 1 to 2 grains to the ounce, and in some salicylic, 2 to 4 per cent. dissolved in castor oil. He found the lesions of lupus in their early forms rapidly acted on. The tubercles quickly shrivel and become paler, and the skin returns to its normal condition in a few months. In the ulcerating forms the action of the sublimate is slower and much more uncertain. He recommends the sublimate ointment as the more effective, to be used twice daily, but in the ulcerating forms he prefers the lotion. It is necessary to be on one's guard against salivation when the remedies are used about the mouth.

FOOD REFORM AND WORKING MEN.

THE meeting of working men interested in food reform, over which Dr. Richardson was invited to preside on the 27th of last month, was a remarkable indication of the deep and intelligent interest which working men of all classes are now taking in social and scientific progress. It is true that, as the audience was selected from the employés of over forty of the great firms of the metropolis, it may be considered as intellectually above the average of those whom it represented; but anyone looking into the City and Colonial Club during the sitting might easily have supposed that the conference was being carried out by members of the professional and so-called learned bodies, rather than by men who had been all day at some handicraft industry. The speakers understood the rules of debate; they spoke with excellent knowledge of their subject, and they also spoke as men knowing that even the legislators at Westminster could not touch any topic more important to the national life than that on which they themselves were then and there engaged. The matter under discussion was a cheap, well-cooked, and substantial dinner for working men and school children. The proposition, made by Mr. Tallerman, whose interesting lecture was well received, was to this effect: that near all great centres of work there should be a food depôt, where food, bought at first price, should be prepared in such a form that it could be cooked in a water-bath provided at the workshops. Each man would thus receive each day one pound of food, consisting of meat, flour, and vegetables, ready to be cooked, and would have nothing more to do than take his "digester" off the water-bath, open it, and find a dinner, varied every day in the week, which would satisfy his wants, and cost him altogether threepence at most. The plan seemed to take so well that a committee of representatives from sixteen societies or firms was elected to confer on the whole scheme, to meet the members of the Farmer's Association (if that were possible), and to report to another general meeting on Wednesday next. Should the report of this committee be favourable to the scheme, an experimental trial will be carried out for one month, the results of which, whether they prove a full success, a partial success, or even a failure, will lead to a certain good by opening the way to the solution of a weighty problem, second, as the Chairman said, to none other in the present national difficulties—namely how to make our food supplies so secure that under no pinch could famine, the mother of revolt, bring forth revolution.

THE SOUTH KENSINGTON EXHIBITIONS.

IT is stated that the Inventions Exhibition has resulted in a deficit. The loss is said not to be likely to exceed £5000, but the surplus of former successes has now disappeared. We are very sorry to hear this, since the disappearance of the surplus means, we fear, the annihilation also of our hopes that the hospitals, which are so sadly in want of funds, might materially benefit by the popularity of these gigantic "shows." The electric lighting last year was a complete success, and afforded as beautiful a sight as the eye could desire to look on; the Austrian band discoursed dance music most tunefully; but if it is true that the former cost nearly £40,000 and the latter £6000, our memory of them cannot but be tinged with regret and jealousy. One-half of this sum would seem a large one to spend on recreation; how well might the other half have been devoted to the relief of suffering!

MENINGEAL AND CEREBRAL MANIFESTATIONS IN MUMPS.

As a contribution to the study of nervous disorders consecutive to acute diseases, the article by MM. Lannois and Lemoine in the current number of the *Archives de Neurologie* deserves careful attention. The authors wish to demonstrate that the occurrence of aphasia and paralysis in the course of mumps is dependent on lesions of a grave nature of the brain itself. These serious lesions are not transitory, but last a certain length of time. Dr. Monro's case, published in THE LANCET, August, 1883, is quoted. It was that of a boy, aged fifteen, who contracted mumps, and after apparently recovering was attacked with delirium, fever, and, one day later, orchitis. The fever increased to 106° on the fifth day; the pupils were dilated and insensitive to light, and there was marked constipation. The delirium increased and necessitated restraint. On the eighth day coma set in and the pulse became almost imperceptible. Although the temperature abated slightly, still the patient had several maniacal attacks. At last he returned to complete health. But he had much difficulty in walking for six months, and also considerable trouble in speaking and writing. The pupils

remained dilated, and the patient was highly emotional. In another case aphasia and localised paralysis of the right arm lasted for more than five days. The authors detail a case in which the aphasia and right hemiplegia lasted many months. It is their province to inquire into the nature of such cerebral disorders in mumps. Whilst admitting that hyperæmia or embolism might account for some of the cases, the hypothesis of a meningo-encephalitis is suggested. Generally this inflammation leads to nothing more than a superficial irritation, that rapidly passes away after having given rise to symptoms far more formidable in appearance than in reality. At other times, though fortunately of infrequent occurrence, the congestive stage is followed by encephalitis, which accounts for the long duration of the symptoms. The local removal of blood in cases of cerebral symptoms supervening in mumps is regarded as sound treatment.

THE FINANCIAL ASPECT OF A MEDICAL LIFE.

SPEAKING generally, we may say that, in the case of medical men as of others, unsteadiness and incapacity have more to do with the production of poverty than any other cause. On the other hand, wealth is not usually to be acquired in the practice of medicine. What we may call small fortunes are not uncommon; but, as a rule, the rewards of practice are such as most men sketch into their future when they enter on a medical life—namely, a large amount of useful work not wholly remunerative, means sufficient to maintain comfort and refinement at home, and retirement in easy though not affluent circumstances. These conditions, though they do not assuredly come about without effort, ought to be attained within a term considerably short of that allowed to the life of man. Some method will doubtless be necessary to accomplish this end; but in no calling probably is its final accomplishment more to be relied upon. With this view economy must, of course, find a place among the principles of the practitioner. In some directions the practice of this virtue at the present day might, perhaps, be improved upon, though the omission where it exists is by no means an error of choice with most of our medical brethren. There are, for example, the working expenses—among them the dispensing system. Many practitioners maintain that this custom pays them. In some respects perhaps it does; but undoubtedly there are those on whom it levies a very heavy tax indeed, particularly where it adds a fruitless bounty to a bad debt. Then there is the professional carriage. This is often regarded as one of the standing requisites of practice. Here, again, a rule would seem to have been formed where the fixity of law is undesirable. We are aware that all doctors do not drive. Some very busy men do not. Nevertheless the old order on the whole prevails, and forms a needless bugbear and incubus on many a young practitioner. Medical men would do well to consider how far such working expenses are indispensable. In many cases the public would not be prejudiced by their abolition. If we pass to other spheres of economy, something may still be learnt. The practitioner, once established, who would reap from professional work its monetary due, should not be slow to begin saving. If he cannot for a time lay by much, he can at least in most cases insure his life, and we presume usually does thus much. But further, if disposed, he may, better than many, provide for some return within his own lifetime. The uncertainty of his engagements does not permit profuseness in hospitality. His life is in this respect a somewhat quiet one. It lacks something of social display, of which there is already more than enough elsewhere, but it does not therefore deny him the best culture of which human nature is capable. He may fairly avail himself of this arrangement, which he did not contrive, and live and entertain modestly. Extravagance does not seek him as it seeks some men—it has to be sought for, and his blame is the greater if it swallows up his revenue. Some medical men are very fond of watching the share market. They follow its fluctuations, buy in and sell out. If their judgment is good they may prosper, as some conspicuously have done. Others have lost as heavily. The capacity of men in this direction must necessarily depend very much on the time they can devote to their ventures. Obviously, therefore, those who are most employed in practice run some risk in the market. Their safest plan would be to act like keepers of a trust, to invest in a well-known and approved stock, and there let their money lie. These few hints appear to us to indicate in some sort the plan of financial development which belongs to the life of the practitioner of medicine.

SHOW-CHILDREN IN THE STREETS.

WE have long been accustomed to hear that mortality amongst young children is in great measure the result of parental neglect or mismanagement. The saying appears almost too trite for repetition, were it not that examples of its truth so frequently force themselves upon our notice and call for practical and exemplary correction. The present season contributes its share of this kind of cruelty. Many will have observed with regret that the practice of exposing infants for begging purposes continues to disgrace our streets. Infants and children generally are notoriously less capable of resisting cold and wet than adults. A bronchial cough is one of their most fatal troubles, yet here we find these begging children scantily clad, and out at all hours, and in any kind of weather, in order to excite the charity of passers by in favour of those who lead them about and live upon their misery. How often the child's companion is a parent, or how often both are equally homeless, no one can say. Almost any shelter were better than the street. In very many cases there is reason to believe that the shivering singing child or carried baby is a castaway, nobody's offspring, and anyone's means of livelihood for the day, till its own days are numbered. It is somewhat difficult to see how any one plan would meet every form of this abuse of infant life. The exercise of individual charity would only augment the evil. The wholesale consignment of such children to homes or workhouses might not be much happier in its results. Probably the best plan, however, would be to allow the police considerable discretionary power to take in charge and transfer to the workhouse or to charitable institutions infants who are thus exposed.

HEREDITARY GENIUS.

MR. GALTON, in an address lately delivered to the Anthropological Society, gives the results of his inquiries into hereditary stature and hereditary genius. He proposes a scheme for the formation of an Upper House of Legislature in Utopia on purely scientific principles; and, in the evolution of this scheme, remarks that men who earn distinction of a high but subordinate rank to that of the nobility, and whose wives have hereditary qualifications, should transmit those qualifications to their children. He calculates—roughly and very doubtfully, because many things would have to be considered—that there would be about twelve times as many persons hereditarily qualified to be candidates for election as there would be seats to fill. A considerable proportion of these would be nephews, whom he would be sorry to omit, as they are twice as near in kinship as grandsons. Setting aside the question of the closeness of relationship, which seems open to discussion, it is natural to ask, What would happen if the father of the nephew happened to marry a woman without hereditary qualifica-

tions? would not the strain be detected? or might it not, if the selection were injudicious, be actually deteriorated? We have not the text of Mr. Galton's address before us, but imagine that what he desired to impress on his hearers was that those who possess unusual abilities in any direction would do well to select for helpmates those who are healthy and strong, and possess an average if not an unusual degree of intelligence. With careful breeding, high mental qualifications may descend with such physical qualifications as long limbs, powerful muscles, or large and active brains.

A RUSSIAN PRACTITIONER PUNISHED FOR REFUSAL TO ATTEND.

WHEN a doctor in this country ventures to excuse himself from attending to some case, perhaps at a long distance, he runs the chance of a so-called censure by a coroner's jury, which he, knowing that in reality he has committed no fault, generally manages to bear without much loss of dignity. In Russia, however, a medical man renders himself liable to a much more serious punishment than a mere barren vote of censure. A short time since, a practitioner in Kieff, long past the prime of life and by no means in good health, received a visit from a lady requesting his immediate attendance at a confinement some five or six miles off. The lady stated that the patient was a multipara, and that a doctor who was with her had twice attempted to apply the forceps, but had been unsuccessful, and wished another doctor to be fetched to perforate the head. Two assistants in the obstetric clinic had been applied to, and they had stated that the instruments were locked up and the professor had the key! Two other practitioners had also excused themselves, giving as a reason their want of the necessary instruments. The elderly practitioner did not refuse to go, but mentioned that his fee would be 25 roubles (£2 10s.). To this the lady made no objection, but merely remarked that she would make inquiries. She did not, however, return, having found another practitioner, who visited the patient and perforated. Shortly afterwards an article appeared in a local newspaper giving a distorted version of the facts. The consequence was that the elderly practitioner was prosecuted in a court of justice and sentenced to eight days' arrest in his house and a fine of 5 roubles (10s.). Against this he appealed, his counsel urging on his behalf that the circumstances were not such as the law contemplates when it compels a doctor to attend to dangerous cases; that he, not receiving any written communication from the doctor who advised perforation, did not clearly understand the condition of things; that plenty of other medical men were available; that he did not refuse to attend; and, finally, that the law did not insist on a practitioner going to a case where another qualified man was already in charge. Notwithstanding all this, the higher court increased the sentence to fourteen days' arrest at the guardhouse, 5 roubles (10s.) fine, and the expenses of the trial.

QUACKS AND THE PUBLIC.

A CONTEMPORARY, discussing the leading characteristic of quacks of all classes in their relation to the public, justly points out that it is the pertinacity of their profession of ability to cure. "The quack has his pills and ointments, warranted (if taken in sufficient quantity) to restore health and vigour to the dying; and the ignorant and cowardly pin their faith on him, spurning the counsels that might assuage their sufferings, and consume the noxious drugs that precipitate their fate." This is a *fact* of which the orthodox and educated practitioner of medicine has daily evidence, of the most conclusive strength, and often driven home with painful force. We quite admit that there is sometimes too great a readiness to accept the hypothesis of incurability; but, speaking generally, the public are losers by the persistence with which they pursue the phantom of recovery, running from doctor to doctor, only to undergo new experiments and court fresh disappointments, rather than take prompt and full advantage of the practised skill of the experienced family counsellor in devising a method of minimising the injurious effect of their maladies, and finding a *modus vivendi* with disease. There is a spirit of quackery abroad in the profession of physic, as well as one that prevails outside and hovers on its borders. We do not know which is the most obstructive to true progress and most baneful in its influence on the health of the population—the quackery that professes to cure by irregular means, or the quackery that affects to be able to accomplish by accepted methods that which it is perfectly well known they are inadequate to achieve.

INTRA-CRANIAL TUMOURS AT THE PATHOLOGICAL SOCIETY.

A WONDERFUL array of cerebral tumours was exhibited before the crowded meeting of the Pathological Society. The specimens illustrated the tendency of cortical gliomata to remain limited to the grey matter, the opposite infiltrating characters of these tumours in the white substance, the rarity with which it is possible to localise with certainty the site of tumours, the difficulty of determining their size, and the extent to which they infiltrate their surroundings; the vast variety of clinical phenomena, and the variations in their anatomical and histological structure. The most conspicuous expression of opinion on the advisability or possibility of operating with a view to the removal of tumours was that essayed by Dr. Goodhart, who considered that the number of tumours which could with any degree of probability of success be regarded as suitable for surgical interference was very limited. It is needless to say that nothing of a novel nature was forthcoming, but the *tout ensemble* of the collection was effective and successful. The exhibition is to be continued at the next meeting of the Society.

THE ITALIAN HOSPITAL AT CONSTANTINOPLE.

SINCE Italy became a united kingdom she has revived that interest in the East which, during the supremacy of the Venetian Republic so profoundly affected her policy. In 1876 at Constantinople she established a hospital in the Tophané quarter, with an outlook on the sea, covering an area of some 3800 metres, and costing her about 300,000 fr. The edifice has two floors over the ground floor and eight windows in the façade. A hospital-villa would be its proper description, with its elegant aspect, its green shutters, and its verdant garden to the front. Two physicians are attached to it—Dr. Salvator, with 6000 fr., and his assistant, with 2000 fr., salary. Fourteen Sisters of Charity, with four male helps, are in attendance on the patients, and their chapel is quite a triumph of bijou architecture. Contagious maladies have six rooms reserved for them. On the first floor a large hall contains ten beds for females and three private rooms; on the second floor another hall has twenty beds for males and five private rooms; and there is also a ward with twelve beds for syphilitic cases. The two higher floors are reached by a lift, and provided with dressing-rooms and waterclosets, all in excellent order. Much care has been bestowed—successfully bestowed—on the ventilation, and a constant current of pure water, both fresh and salt, circulates through the building. Italian patients are charged six francs a day for private rooms, while foreigners pay eight francs, and in the common wards three francs and four francs. In 1884 the hospital received 309 male and 41 female patients, with

14·610 days for the former and 5·376 for the latter. There were 28 deaths. The paying patients in 1884 yielded 9600 francs, or about a third of the expenditure, not including the medical treatment. The rest is covered by the Ministry of Foreign Affairs. Adjacent to the hospital are a building for the insane capable of holding twenty patients, and the consular prison.

MEDICAL SCHOOLS AND STUDENTS IN THE UNITED STATES.

THE Illinois State Board of Health has recently issued a pamphlet entitled "Medical Education and Medical Colleges in the United States and Canada, 1765-1885," in which the most suggestive facts revealed by tables and data are: First, that the number of medical colleges has not increased during the past year; secondly, that the number of medical students and of medical graduates is decreasing; and thirdly, that there is a more marked uniformity in the requirements of colleges. There are still 128 institutions for medical instruction in the United States and Canada, the same aggregate as at the date of the last report. But there were 760 less students in attendance upon, and 273 less graduates from, the sessions of 1884-85, than upon and from the sessions of 1883-84. In the United States there were 953 fewer students and 278 fewer graduates; in Canada there were 176 more students and 5 more graduates. The schools are classified as follows: regular schools, 101; homœopathic 13; eclectic, 11; physio-medical, 1; and miscellaneous or mixed schools, 2. The number of medical students in 1882-83 was 13,088; in 1883-84, 12,762; in 1884-85, 12,002. In 1881-82 the number of medical graduates was 4555; in 1882-83, 4215; in 1883-84, 4101; and in 1884-85 only 3831. The increase in past years in students is most conspicuous in the smaller provincial schools; while in the large cities—Boston, New York, Philadelphia, Baltimore, Cincinnati, Chicago, New Orleans, and St. Louis—there has generally been a decrease. Thus the number of matriculants in medical schools in New York has fallen from 2209 in 1880-81 to 1826 in 1884-85. This fact may be interpreted in two ways. It may either mean that the metropolitan schools are getting more rigid in their requirements, or that the provincial schools are getting to be better educational institutions. We incline to the latter belief. The decrease in the number of graduates, noted above, is most satisfactory, indicating as it does a recognition on the part of the rising generation of the fact that in the United States, of all professions the medical is and for years has been the most overcrowded.

OCULAR TRAUMATISM AND FATAL MENINGITIS.

A PAPER read by Mr. Nettleship at the Ophthalmological Society deserves attention, not only from the gravity of the disease with which it dealt, but also from the obscurity of the pathology and the interest to general medicine of fatal meningitis following upon ocular mischief. The combination of traumatic diseases of the eye with meningitis is said to be of rare occurrence, and for this statement we have the evidence of all practical ophthalmic surgeons. The rarity with which the association is met, an association having also a time relation—for the eye injury precedes the meningitis,—naturally makes the logical mind suggest whether there is any causal relationship between the two phenomena; or whether we have to do with a mere coincidence. But tetanus is a rare complication of wounds; yet it is generally agreed that some close connexion exists between the nerve disturbance and the injury. Strictly logical methods would not allow us to deny altogether the impossibility of the idiopathic development either of meningitis or tetanus, even in cases where a traumatism exists. It would be easy to infer that the meningitis or the tetanus was related to the wound, even though it be impossible to state in what circumstances the wound with a sequel differed from the wound that healed without subsequent mischief. Guided by the light of modern researches on infectivity, we should probably adopt the view that the presence of some rare infective agent made all the difference.

PROPOSED ASSOCIATION OF THOSE QUALIFIED IN SANITARY SCIENCE.

MR. FOTHERBY writes, from St. George's Infirmary, Fulham-road, proposing the formation of an association of medical men who are specially qualified in sanitary science. The objects of the association would be: (*a*) To further the legitimate interests of all medical men who at the cost of much labour and expense have obtained a sanitary qualification; (*b*) to obtain a better general recognition of these degrees and certificates; and (*c*) to be a bond of social and professional union between all duly qualified practitioners of State medicine. We fully recognise the need for better recognition of the value of the special knowledge which is implied by these certificates, and the force of the arguments of our correspondent; but we doubt if great advantage would arise from the formation of another society. There are already several throughout the country devoted to furthering the interests of public health and of those who practise this branch of the profession, notably the Society of Medical Officers of Health; and we would suggest for the consideration of our correspondent whether he would not be better able to attain his object by utilising the already existing organisations than by the creation of a new one.

EPILEPSY AND OPTIC NEURITIS.

AT first sight the title of M. Galezowski's communication to the Académie de Médecine led us to expect a revelation somewhat similar to that experienced when Dr. Gowers asserted that chorea and anæmia may be efficient causes of optic neuritis. The matter, though interesting, is not so remarkable as that. Galezowski has recorded a remarkable case of epilepsy that supervened six years after a wound of an eye, and may with considerable show of reason be ascribed to morbid changes resulting in the stump of the eye. The useless eye had been reduced to the condition of a stump by amputation of the anterior hemisphere of the globe. Six years after the accident the sound eye became the seat of an optic neuritis, and at the same time the patient developed the typical seizures of epilepsy. Removal of the ocular stump was followed by perfect restoration to health, the epilepsy ceasing and the other eye recovering. Galezowski believes that sympathetic ophthalmitis is the result of the spread of disease along the vascular walls, probably by means of the vaso-motor nerves, thrombosis and sympathetic endarteritis being the consequence.

AN AMENDE HONORABLE.

AT the meeting of the St. Pancras vestry on Wednesday, at which the report of Mr. Shirley Murphy, the late medical officer of health for the parish, was presented and discussed, a graceful acknowledgment of the services of that gentleman during his tenure of office was made. Mr. Nathan Robinson proposed, and Mr. Churchwarden Dixon seconded, that the report be received and adopted, and that the best thanks of the vestry be engrossed on vellum, sealed with the official seal, and presented to Mr. Murphy. The significance of this act on the part of the vestry was enhanced by the remarks with which the proposal was accompanied, conveying as they did an admission of error, if not of something worse, in the dealings of the parish authorities with their late medical officer.

MEDICAL RISKS FROM INFECTIOUS DISEASES.

ONE of the most interesting features in Dr. Ogle's paper on Mortality in the Medical Profession, recently read before the Royal Medical and Chirurgical Society, is the comparison between the mortality of medical men from the principal infectious diseases, with the average mortality from the same causes among all males. That the mortality in the medical profession from these diseases should show a marked excess can cause no surprise to those who consider the constant risk of infection to which it is exposed. Dr. Ogle's figures are, however, mainly interesting from the exceptional position held by small-pox among these diseases. The death-rate of medical men aged over twenty years from scarlet fever is nearly four times the average rate of all males of the same ages; the medical rate from typhus is more than twice, from diphtheria nearly four times, and from malarial fever nearly five times the average rates for males of similar ages. Medical men are also liable to a markedly excessive rate from enteric fever and from erysipelas. The death-rate of medical men from small-pox, however, is considerably less than a fifth of the rate among all males. Dr. Ogle suggests the only possible explanation of this remarkable contrast between the relative incidence of these infectious diseases on medical practitioners when he attributes their low death-rate from small-pox to more general and better vaccination and revaccination; and their excessive death-rate from the other diseases to the fact that no prophylactic is known wherewith to counteract, as in the case of small-pox, their exceptional risks of infection. Dr. Glover, in the discussion which followed the reading of Dr. Ogle's paper, expressed disappointment that the profession did not show complete immunity from fatal small-pox, and it is well therefore to point out that the rate of 13 deaths of medical men from small-pox per 1,000,000 living implies that during the ten years 1873-82 only 2 deaths from this cause, out of 3865 deaths from all causes, occurred in the profession in England and Wales, numbering about 15,000. There were in England and Wales during those ten years 19,377 deaths from small-pox, and it is fair to assume that one or more medical practitioners were brought into personal contact with each of these deceased persons. Bearing these facts in mind, the deaths of but 2 medical men from this disease during these ten years induces overpowering evidence both of the value of vaccination as a protection from small-pox, and of its general and effectual adoption by the profession.

MOSQUITOES IN MEXICO.

THE city and environs of Mexico suffered so severely during the early part of last year from an invasion of mosquitoes in unwonted numbers that the Pedro Escobedo Medical Society appointed a committee to investigate the matter, and advise as to the measures which should be taken for the purpose of freeing the country as far as possible of these insect pests. The report of this committee is printed *in extenso* in the organ of the Society, entitled *El Observador Médico*. This report does not reveal any new points in the life history of the mosquito, but it recommends that, Mexico being surrounded by marshes and lakes full of putrefying matter which form admirable breeding-grounds for successive generations of mosquitoes, measures should be taken for draining the inundated localities in the valley of Mexico, observing that the most suitable time for carrying out work of this kind is undoubtedly the winter season, and requesting the Medical Society, if it approve, to lay the report before the municipal authority recommending immediate action. It is to be hoped that the *Ayuntamiento* will pay more attention to this memorial than is generally given by the local civic authorities in Central and South American States to hygienic measures, however warmly advocated by their medical faculties. If Mexico and other cities like it were really well drained, the inhabitants would probably find a diminution of many evils worse than mosquito bites, though even these, the committee were informed, had caused the deaths of children.

THE INCUBATION PERIOD OF VARIOLA.

PROFESSOR H. EICHORST, of Zurich, reports three cases in which the duration of the incubation of small-pox seems very clearly ascertained; and in each instance the time proved to be rather more than nine days. The first was the case of Dr. Kuhn, who travelled to Zurich to visit his father, who was suffering from the disease. Dr. Kuhn had not been in contact with small-pox until his interview with his father at 9 A.M. on Oct. 20th. The interview lasted three minutes, but there was no contact with the patient; yet in spite of this and as thorough a disinfection as possible, the son fell ill of small-pox on Oct. 29th, or nine days after exposure. The two other cases were those of medical students attending the small-pox hospital on one occasion only; they had both been revaccinated without effect, one within three weeks of exposure to contagion, which was accurately noted. In each case the symptoms of the disease appeared in a few hours over nine days from the date of exposure. Professor Eichorst says that he has treated more than 300 cases of small-pox in the last two years; but in no other cases than the above has he been enabled to determine with certainty the period of incubation; commonly this is assigned to twelve or fourteen days; but although variations may exist, no observations are trustworthy that admit of any possible fallacy.

MEDICAL EDUCATION IN RUSSIA.

IN England the cost of medical education is usually borne by the students' parents. In Russia, however, medical students are to a very large extent supported and educated by the Government, under not a mere understanding, but a well-defined pledge, to serve in any capacity that may be fixed for a certain number of years after qualification. This pledge is not uncommonly felt to be a burden, and a number of medical men at present under the obligation of serving the State have petitioned to be absolved from it. The *Pravitelstvenui Véstnik*, or "Government Messenger," has just published a ministerial hint to these gentlemen that only the cases of those who have appended to their petitions receipts for the return of the Imperial money expended on their education can possibly be considered.

THE SANITARY STATE OF CAIRO.

THE Egyptian newspapers are complaining loudly of the sanitary state of Cairo with regard both to its water-supply and the means of drainage. Briefly stated, the former is polluted, and as to the latter, there is nothing which deserves the name of a system of sewerage and drainage. The water-supply is derived from a stagnant canal, which at times emits abominable odours from human filth; it is filtered through sand excavated from an old cemetery, and there is strong reason to believe that further impurities reach it on its way to the consumers. Great difficulty is anticipated in securing an improvement in this supply, and this because, as alleged, the President of the Council of the Ministry is president of the water company, and derives a revenue from it. The drainage question has long been under discussion, but it is very much to be feared that, unless considerable pressure is brought to bear upon the authorities, the solution of the problem will be deferred to the Greek Kalends. In the

meantime the mortality of Cairo has reached a point which has very naturally caused alarm. It is just about three or four times as great as that of London, being at the rate of 60 to 80 per 1000. And not only so, but it is largely due to causes which result from the use of foul water or from the breathing of foul air. Typhoid fever is very prevalent, and so also are a number of other forms of fever which are less distinctly defined; and this prevalence is in striking contrast to the comparative absence of such diseases at Boolak, where the inhabitants derive their water direct from the Nile. Diphtheria, too, is very fatal; also a hybrid disease resembling cholera has been prevalent all the summer, and still continues. The general influence of these conditions upon the population of Cairo may be judged by the fact that for the last quarter of a century the deaths have exceeded the births by 37,000. And yet the climate is fine, the inhabitants are sober, and the waters of the Nile should conduce to healthiness. Dr. Grant Bey has taken an active part in pointing out the existing shortcomings; and it is to be hoped that his protests will receive the attention they demand.

STRAY MISSILES.

THE perils of the streets are considerably increased if to the ordinary ones is added that of stray missiles, carelessly or wantonly discharged. On January 26th excision of the right eye was performed at St. Thomas's Hospital for wound of the globe received two days previously. The patient, a man aged twenty-three, was walking, about 8.30 P.M., in the Lower Richmond-road, Putney, when he felt something strike him in the eye, the sight of which was immediately lost. He did not see anyone nor hear any unusual noise, and thought that he had been struck by a stone. On examination of the eye after removal, it was found to contain one of those leaden pellets or shots usually discharged from an air saloon pistol. It is probable that it will not be known who discharged the pellet, but we would try to impress upon the public the necessity of greater care in the use of these silent but dangerous toys. Had the pistol been discharged at a shorter range, the man would probably have lost his life. As it is, he is rendered ineligible for service in any of Her Majesty's forces, and has had to submit to a serious mutilation.

THE METROPOLITAN ASYLUMS BOARD.

THE Metropolitan Asylums Board at their last meeting, which was held on the 30th ult., resolved to take steps for the closing of the North-Western Hospital and for the reduction of the staff; and Sir Edmund Hay Currie, who presented a report from the General Purposes Committee, which contained a recommendation that this course should be adopted, commented on the fact that, with the exception of the autumn of the year 1879, London had not been so free from infectious disease for the last fifty years. During the fortnight preceding only six cases of small-pox had occurred in the metropolis, and these had been taken to the ships at Long Reach, where there were only twenty-eight patients under treatment.

"CURE FOR BLINDNESS."

A PARAGRAPH has appeared in several of the papers that a Dr. Emile Martin has invented an apparatus which will enable the blind to see. The mechanism, so the statement runs, is of platinum, and can be affixed without pain, so as to excite in the optic nerve the sensation of light and the power of vision. So high is the opinion the Paris Academy of Medicine has formed, *primâ facie*, of Dr. Martin's invention, that a committee of its members is reported to be now engaged in practically testing its merits. It is to be feared that the testing will end in disappointment. The word "blind" is very comprehensive. Will Dr. Martin's invention render the cornea transparent when opaque, and thus cure half the blind at a stroke? or will it restore the functions of the atrophic nerve with cupped disc too often seen in chronic glaucoma? or is it only a modification of the ordinary treatment by electricity?

SMALL-POX IN ONTARIO.

CONSIDERABLE efforts have been made by the Board of Health of Ontario to control the spread of small-pox which was recently prevalent in that province. Special regulations have been issued as to dealing with persons discovered to be infected with the disease, the systematic inspection of passengers, the performance of vaccination, and the conveyance of articles suspected of being infected. A codification of the laws relating to compulsory vaccination has also been prepared and addressed to local boards of health, medical officers of health, and members of the medical profession of Ontario.

THE HYPODERMIC SYRINGE AS A MILK-TESTER.

AN ordinary hypodermic syringe may be used, according to Dr. Hélot, for estimating the quality of human milk. He finds that the number of drops from the syringe of good milk are thirty-five or thirty-six to make up the same volume that can be dropped in thirty drops of distilled water. Similarly, when the milk is very poor the same volume can be dropped in thirty-three drops, and when extremely rich as many as thirty-eight drops are required.

FOREIGN MEDICAL APPOINTMENTS.

COUNT MAGAVLI, Doctor of Medicine and oculist to the Imperial Court, has been appointed a member of the Medical Council of the Russian Empire. Dr. A. J. Danielevski, formerly of Kazan, has been appointed Professor of Physiological Chemistry in the University of Kharkoff.

THE editors of the *Liverpool Medico-Chirurgical Journal* have introduced a new and useful department into their columns, in the form of half-yearly reports upon advances in medicine and surgery, the new remedies and methods of treatment noticed being first investigated and approved by a committee consisting of Dr. W. Alexander, Dr. James Barr, Dr. J. E. Burton, Dr. W. Carter, and Mr. R. Harrison. The current number of the journal contains two such reports—one on Antipyretics, drawn up by Dr. Barr, and the other on Antiseptics, by Dr. Alexander.

SEVERAL cases of scarlet fever have occurred in Canterbury, and it is alleged that the disease originated through the drinking of infected milk. In consequence of these reports, the dairies sub-committee of the Town Council have made a raid upon the dairies and milk-shops in the city, some of which have been found to be in a highly insanitary condition.

MR. WHEELHOUSE, of Leeds, has issued as a small tract, bearing the title "The Special Temptations of Early Life," the substance of the statement he brought before the Ripon Diocesan Conference last October. The pamphlet ought to be bought and read by heads of families and of educational establishments far and wide.

THE Special Board for Medicine at Cambridge University have issued a report recommending that papers on elementary physics should be introduced into the previous examination, instead of, or in addition to, the present examination in elementary mechanics.

THE new story by "Pen Oliver" (Sir Henry Thompson) will bear the title of "All But: a Chronicle of Luxenford Life." It will contain twenty-one miniature illustrations by the author, and will be published almost immediately by Messrs. Kegan Paul and Co.

THE medical officer of health of Stourbridge has reported to his Sanitary Authority the existence of a very severe epidemic of measles, necessitating the closing for a time of the elementary and Sunday schools.

PROFESSOR FILEHNE, of Erlangen, has been nominated Professor of Pharmacology at Breslau. The clinical chair at the University of Erlangen has been apportioned between Professors Strümpell and Penzoldt.

DR. HENRY MAUDSLEY is reported to be busy over a new volume of psychological research. It will bear the title "Natural Causes and Supernatural Seemings."

HEALTH OF THE NAVY.

THE Statistical Report on the Health of the Navy for the year 1884 shows the average force afloat, at home and abroad, to have been 43,000 officers and men. The cases of disease and injury among them were in the ratio of 1158, the deaths of 9·0, the number invalided of 49·34, and the mean daily sick of 51·61 per 1000. These ratios are all considerably higher than in the preceding year; the sick- and death-rates closely approximate the average of the last ten years, but there has been an increase in the proportion of invalids and of mean daily sick. The excess of sickness compared with 1883 has been chiefly from fevers and diseases of the digestive system, and in the deaths from fevers and injuries; the latter included 50 men drowned by the wreck of the *Wasp* on the Irish Coast. The following table shows the relative sickness and mortality of the different naval stations:—

RATIO PER 1000 OF AVERAGE STRENGTH.

	Cases.	Deaths from		Invalided.	Mean sick.
		Disease.	Injury.		
Home	902	4·30	3·03	40·54	51·85
Mediterranean	1431	5·95	1·24	81·49	52·39
North America and West Indies	992	2·48	1·23	22·31	35·06
S.E. Coast of America	1073	4·87	—	24·39	31·14
Pacific	997	4·0	0·65	26·0	39·95
West Africa and Cape	1117	5·72	1·42	36·42	38·92
East Indies	1741	15·03	8·29	75·12	53·11
China	1541	5·40	2·40	20·12	50·05
Australia	1003	3·31	3·30	23·14	44·70
Irregular	1422	10·51	3·62	77·75	66·19
	1158	5·84	3·16	49·34	51·61

Omitting the "irregular force," the East Indian station furnished the highest proportion of cases, deaths, invalids, and mean sick, upwards of one-fourth of these having been due to fevers, which were nearly twice as prevalent, and caused more than twice as many deaths and thrice as many invalids, as on the average of the last ten years. The *Euryalus* had 61 cases of remittent fever, occurring chiefly at Massowah, and of these 8 died; the *Briton* had 88 cases at Bombay, and their occurrence was believed to be connected with the insanitary condition of the *Auckland*, in which the crew were hulked while their ship was in dock. The *Auckland* has since been condemned as unfit for further use as a receiving hulk, and has been withdrawn from the service. The *Osprey* had 78 cases of remittent fever while cruising off Zanzibar and off the coast of Madagascar, and the *Tourmaline* had 47 while employed in the same service. There were only 4 cases of enteric fever reported on this station, all in different ships, but 3 of them terminated fatally. No cases of cholera occurred during the year. Thirteen out of the 45 deaths in this portion of the force were from wounds received in action among the men of the Naval Brigade employed in the Soudan, 3 at El Teb and 10 at Tamai; 9 of the latter were by spear and sword wounds, the others by gunshot. There were also 3 deaths from fractured skull by falls—2 from aloft, 1 into the hold. Next to the East Indies the China station had the highest proportion of cases, which, however, differed very little from the average of the last ten years, while the deaths were about 2 per 1000 under it. Diseases of the cellular tissue and cutaneous system, chiefly phlegmon, abscess, and ulcer, furnished one-fifth of the cases. Fever of the continued type was prevalent at Amoy and at Tamsui in Formosa. Ten cases of enteric fever were returned, 4 of them at Nagasaki and 2 at Hankow; the former were attributed to Japanese-made lemonade, partaken of while on leave on shore. Five cases of cholera occurred, 4 at Amoy and 1 at Shanghai, and 4 of them died; they are believed, like the enteric fever cases, to have been the result of drinking lemonade. "The exceedingly dangerous character of the aerated waters made in China and Japan ought to be constantly kept in view on the station, and their consumption prevented as much as possible."

The Mediterranean fleet had a higher ratio of cases than usual, chiefly due to fevers, but the deaths, exclusive of injuries, very closely approximated the average. The prevalence of fevers was attributed to the insanitary state of the harbour at Malta, to the turning up of the soil in the formation of a new dock, and the extensive drainage-works for the town of Valetta.

On the African station fevers were much above the average, but without any fatal case. The increase was due in a great measure to the occurrence of remittent fever on board the *Alecto*, at Akassa and Anamba creeks on the Niger, two very malarious localities.

The returns for the home station show a marked increase in the prevalence of syphilis and gonorrhœa; in most of the other classes of disease, there has been a decrease. The deaths were above the average, owing to the loss of 50 men in the *Wasp*. Excluding deaths from injuries, the ratio amounts only to 4·30 per 1000 of the strength. The returns afford important evidence of the value of isolation in infectious diseases: 34 cases of measles are returned, of which 23 occurred in the training-ships, generally in boys returning from leave, or contracted in the ports where the ships are stationed. "There was nothing in the form of an epidemic, the cases having been at once isolated, and effectual precautions taken against infection." In like manner with scarlet fever, of which 20 cases occurred, "each case appears to have been contracted singly during absence from the ship, and no secondary infection on board took place." There were 29 cases, and 8 deaths of enteric fever recorded; no case "could be ascribed to defective sanitation on board ship; nor was there any spread of the disease on board from secondary infection.....In almost every instance early removal from the ship for treatment in a hospital or sick quarters was resorted to."

The irregular force had very high ratios of sickness and mortality, considerably above the average of preceding years if the deaths from injuries are omitted. The excess of the cases was chiefly due to the prevalence of fever and of dysentery and diarrhœa among the men of the Naval Brigade

and the Royal Marine Battalion employed in the Soudan, and especially at Suakim. Five cases of enteric fever with two deaths occurred in the Naval Brigade among the men of the Nile expedition, and seventeen cases with nine deaths among the Royal Marines at Suakim. Remittent fever and diarrhœa were also very prevalent there. The deaths from fever amounted to 5·16 per 1000 of the strength, or upwards of one-third of the whole; and those by injuries to 3·61 per 1000, of which 1·20 were received in action. Of 21 deaths from injuries, 7 were caused by wounds received in action, 4 at El Teb and 3 at Tamai.

The strength of the Royal Marines at headquarters in England, not included in the general return, was 5060. The cases of sickness among them amounted to 1029 per 1000, the deaths to 3·35, the discharges by invaliding to 53·55, and the mean sick to 56·25. These are considerably lower than in 1883, but, except the deaths, they are all higher than in the force afloat employed on the home station.

Public Health and Poor Law.

LOCAL GOVERNMENT DEPARTMENT.

REPORTS OF INSPECTORS OF THE MEDICAL DEPARTMENT OF THE LOCAL GOVERNMENT BOARD.

On the Pollution of the River Ure.—Mr. Sweeting, who for some time past has been acting as a medical inspector to the Local Government Board, has submitted to that Board a very comprehensive report on the relation of the river Ure to the drainage and water-supply of Ripon and other places on its banks. The Ure rises on the northern borders of the North Riding of Yorkshire from the western slope of the great Shunnor Fell, by the influence of numerous streamlets which descend from the millstone grit of this mountainous region. It passes in its course through several sanitary districts, being joined by numerous streamlets of various size, and, passing through Ripon, flows on to Boroughbridge, just below which it is joined by the Swale and becomes the Ouse. The course of the river as it passes each inhabited place, and in so far as it relates to the different sanitary districts concerned, is given in much detail, and at each point where the river receives any sewage matter or other pollution, whether directly or indirectly, the local circumstances are fully entered into. From its source to its termination in the Ouse, it is directly polluted by twelve different places, the more important of the pollutions being at Masham, Ripon, and Boroughbridge. Other places pollute it more or less indirectly, and at one place the stream is made a receptacle for ashes. Ripon is the only populous town on the Ure which takes water directly from the river for drinking purposes, although local wells elsewhere—as, for example, at Boroughbridge—must almost of necessity be at times affected, as by the flooding of the river or its tributaries. Ripon lies below Masham, where a very substantial pollution of sewage is effected, and below three other places more or less implicated in the same way. As yet chemistry has not discovered any definite evidence that the water-supply of the city constitutes a real source of danger, but the relations of Ripon to the Ure must be regarded as serious in this respect. Ripon pours all its sewage into the river, and though the water-supply taken directly from the stream, more than one mile above the sewage outlet, does not appear at present to be suffering in any marked respect, yet the position of the intake is not free from objection; and there is always the danger of the entrance of specific particulate matter from places above Ripon. But this town is not the only place that is implicated in so far as the domestic water-supply is concerned. Ripon sends the sewage of nearly 8000 people into the Ure; Boroughbridge sends its sewage in; and fifteen miles below Boroughbridge, where the river has becomes the Ouse, York draws its supply from the latter river. It is not long since we had occasion to comment on an epidemic of enteric fever in York, reports on the prevalence having been prepared by Dr. Airy and Mr. North; and though there appeared good grounds for attributing the epidemic to other more obvious causes than the use of the Ouse water, yet the water-supply is not the less one that can only be regarded with suspicion. By the time the Ouse reaches York it has received not only all the impurities of the Ure, but, in addition, those of the Swale, and the sum total is unquestionably considerable. The contamination is largely due to fæcal matter, and hence numerous opportunities are afforded for the contamination of the water of the city by specific disease-elements. Whatever grounds of comfort the sanitary authorities of Ripon and York may find in the results of chemical analysis of their water-supplies, there remains the great fact that the sources of supply are largely contaminated by human excreta and other filth, and it behoves the sanitary authorities of both cities to consider earnestly how far they can regard such a water-service as a proper one for their inhabitants to consume. Mr. Sweeting's report, taking as it does a comprehensive glance of an important river basin in its bearing on the sanitary circumstances of the populations affected by it, has considerable local interest, and many of the questions he raises are also of wider than mere local concern.

On Diphtheria in the Rural District of Erpingham.—Dr. Gresswell, also one of the occasional inspectors of the Local Government Board, has presented to that Board another of a series of reports on diphtheria, the affected locality being Erpingham, in the north-east of Norfolk. There was a great epidemic of this disease in Erpingham in 1858, and fatal attacks have been off and on present there ever since; but in 1883 and 1884 there was a recrudescence, 28 diphtheria deaths being registered in addition to 4 from "croup," and a few others from allied throat affections. The population is now about 20,250, and the insanitary conditions discovered in the district raise a suspicion that it has undergone but little improvement during the twenty or thirty years since the first pestilential prevalence to the present date, and there seem grounds for believing that the persistence of diphtheria is intimately bound up with, if not directly traceable to, these insanitary conditions. One of the most interesting points discussed by Dr. Gresswell relates to the recurrence of diphtheria in particular individuals; and as to this, it is pointed out that an attack of the disease often appears to leave the tonsils in a condition in which they are, under the influence of cold and damp, particularly likely to put on a condition of activity and reproductiveness; and that the disease, dormant for a long time, is thus reproduced in an infective form. The poisons of syphilis, of ague, of relapsing fever, and perhaps of scarlet and typhoid fevers, are referred to as similarly causing recrudescences, and it is added that analogy furnished in the manifestations of cryptogamic protoplasm is in its favour. The conditions essential to this new life of diphtheria infection lying dormant in the individual are next discussed, and it is pointed out how certain damp, ill-ventilated, and mouldy dwellings may almost be regarded as "abodes" or "cultivating-grounds" for diphtheria. Whether these places supply the whole conditions requisite for maintenance of the material cause of diphtheria, or whether the persons themselves become, by reason of sustained habitation in such dwellings, exceptionally suitable "hosts" for the maintenance of the virus, is a matter on which Dr. Gresswell is not prepared as yet to express an opinion. The report is thoughtfully prepared, and it affords many highly suggestive hints which aim at explaining some of the most obscure points in connexion with the spread and recrudescence of diphtheria.

VITAL STATISTICS.

HEALTH OF ENGLISH TOWNS.

In twenty-eight of the largest English towns 6169 births and 3850 deaths were registered during the week ending January 30th. The annual death-rate in these towns, which had been equal to 23·8 and 22·4 per 1000 in the preceding two weeks, further declined last week to 22·1. During the first four weeks of the current quarter the death-rate in these towns averaged 22·7 per 1000, which was 1·9 below the mean rate in the corresponding periods of the ten years 1876–85. The lowest rates in these towns last week were 14·4 in Hull, 15·3 in Leicester, 15·9 in Derby, and 17·5 in Brighton. The rates in the other towns ranged upwards to 26·6 in Norwich and Plymouth, 29·6 in Blackburn, and 33·0 in Preston. The deaths referred to the principal zymotic diseases in the twenty-eight towns, which had declined in the preceding four weeks from 497 to 407, further fell last week to 360; they included 168 from whooping-cough, 75 from measles, 31 from diarrhœa, 29 from scarlet fever, 28

from "fever" (principally enteric), 23 from diphtheria, and 6 from small-pox. No death from any of these zymotic diseases was recorded last week in Wolverhampton, Derby, or Huddersfield; whereas they caused the highest death-rates in Portsmouth, Plymouth, Nottingham, and Blackburn. The greatest mortality from whooping-cough occurred in London, Portsmouth, and Bolton; from measles in Nottingham, Blackburn, and Plymouth; from scarlet fever in Birkenhead; and from "fever" in Newcastle-upon-Tyne and Preston. The 23 deaths from diphtheria in the twenty-eight towns included 13 in London, 3 in Liverpool, and 2 in Portsmouth. Small-pox caused but 1 death among the residents of London and its outer ring, 5 in Liverpool, and 1 in Nottingham. The number of small-pox patients in the metropolitan asylum hospitals situated in and around London, which had declined in the preceding eleven weeks from 70 to 26, had further fallen to 22 on Saturday last; 4 patients were admitted to these hospitals during the week, against 11 and 2 in the previous two weeks. The Highgate Small-pox Hospital contained 3 patients on Saturday last, one case having been admitted during the week. The deaths referred to diseases of the respiratory organs in London, which had been 534 and 477 in the preceding two weeks, were 478 last week, and were 77 below the corrected weekly average. The causes of 105, or 2·7 per cent., of the deaths in the twenty-eight towns last week were not certified either by a registered medical practitioner or by a coroner. All the causes of death were duly certified in Nottingham, Portsmouth, Birkenhead, and in three other smaller towns. The largest proportions of uncertified deaths occurred in Cardiff, Bradford, and Newcastle-upon-Tyne.

HEALTH OF SCOTCH TOWNS.

The annual rate of mortality in the eight Scotch towns, which had been equal to 23·9 and 23·1 per 1000 in the preceding two weeks, further declined to 22·4 in the week ending January 30th, but was 0·3 above the mean rate during the same week in the twenty-eight English towns. The rates in the Scotch towns last week ranged from 13·1 and 14·0 in Perth and Leith, to 26·5 in Glasgow and 26·9 in Paisley. The 553 deaths in the eight towns showed a further decline of 17 from the numbers in recent weeks, and included 13 which were referred to whooping-cough, 9 to scarlet fever, 7 to diarrhœa, 4 to "fever" (typhus, enteric, or simple), 3 to diphtheria, 1 to small-pox, and not one to measles; in all, 37 deaths resulted from these principal zymotic diseases, against 45, 40, and 36 in the preceding three weeks. These 36 deaths were equal to an annual rate of 1·5 per 1000, which was 0·6 below the mean rate from the same diseases in the twenty-eight English towns. The fatal cases of whooping-cough, which had been 15, 9, and 6 in the preceding three weeks, rose again last week to 13, and included 10 in Glasgow and 2 in Edinburgh. The 9 deaths from scarlet fever showed an increase upon recent weekly numbers; 6 occurred in Glasgow, and one each in Dundee, Greenock, and Leith. The 7 deaths attributed to diarrhœa corresponded with the number in the previous week, but were considerably below the average. The deaths from "fever" and from diphtheria showed a considerable decline om the numbers in the previous week; 2 from "fever" and 3 from diphtheria were returned in Glasgow, as was also the fatal case of small-pox. The deaths referred to acute diseases of the respiratory organs in the eight towns, which had been 145 and 160 in the preceding two weeks, were 156 last week, and were 58 below the number in the corresponding week of last year. The causes of 80, or more than 14 per cent., of the deaths in the eight Scotch towns last week were not certified.

HEALTH OF DUBLIN.

The rate of mortality in Dublin, which had been equal to 28·8, 33·3, and 29·6 per 1000 in the preceding three weeks, rose again to 31·9 in the week ending Jan. 30th. During the first four weeks of the current quarter the death-rate in the city averaged 30·9 per 1000; the mean rate during the same period not exceeding 22·6 in London, and 18·6 in Edinburgh. The 216 deaths in Dublin last week showed an increase of 16 upon the number returned in the previous week, and included 15 which were referred to the principal zymotic diseases, against 15, 30, and 24 in the preceding three weeks; 13 resulted from whooping-cough, 1 from "fever" (typhus, enteric, or simple), 1 from scarlet fever, and not one either from small-pox, measles, diphtheria, or diarrhœa. These 15 deaths were equal to an annual rate of 2·2 per 1000, the rate from the same diseases last week being 0·6 in Edinburgh and 2·5 in London. The fatal cases of whooping-cough, which had been 8, 19, and 17 in the preceding three weeks, declined again last week to 13. The deaths from the other zymotic diseases were exceptionally few. Eight inquest cases and 6 deaths from violence were registered; and 84, or considerably more than a third of the deaths, were registered in public institutions. The deaths of infants showed a decline, whereas those of elderly persons were more numerous than in any recent week. The causes of 31, or more than 14 per cent., of the deaths registered during the week were not certified.

THE SERVICES.

ADMIRALTY.—The following appointments have been made:—Staff Surgeon Cecil Drake, to the *Britannia;* Surgeon Henry W. D. Welsh, to the *Defiance;* Surgeon George F. Wales, to the Plymouth Division of the Royal Marines; Surgeon John Hunter, to the *Tyne;* and Mr. John F. Conniham to be Surgeon and Agent at Capper.

RIFLE VOLUNTEERS.—13th Middlesex (Queen's Westminster):—Acting Surgeon John Gascoigne Webb to be Surgeon; Hugh Webb, Gent., to be Acting Surgeon.

Correspondence.

"Audi alteram partem."

SURGICAL TREATMENT OF EMPYEMA.

To the Editor of THE LANCET.

SIR,—In Mr. Godlee's very interesting and instructive lecture (published in THE LANCET of January 23rd, p. 143), he states that "while after an empyema the dorsal curve is very long and occupies the whole dorsal region, in scoliosis we generally find a compensatory curve beginning at the lower part of the back. ..... The compensatory curves in the lumbar and cervical regions are shorter than those of ordinary lateral curvature, and there is much less rotation of the bodies of the vertebræ." With regard to rotation of the vertebræ, Mr. Godlee's observation of the fact that this condition does exist in curvature from empyema is worthy of note, for hitherto it has been nearly always written that rotation does not take place in curvature from empyema. In the "Surgery of Deformities," p. 166, however, I stated that in the cases of lateral curvature from thoracic disease which I had examined there existed distinct rotation of the vertebræ. This subject must possess importance not only as regards diagnosis from the general form of the parts, but also with respect to changes in the thoracic cavity, and the consequent modifications of the auscultatory and other signs. When there exists severe rotation the bodies of the twisted vertebræ approach more or less the internal surfaces of the ribs, and thus partly or entirely displace the lungs from this region. It is therefore important to recognise the fact of such rotation, and Mr. Godlee has doubtless done good service in recording his observations on this point.

As to the first parts of the above quotation from the lecture, I would remark that curves from other causes than empyema may assume the form described, and that the former vary to a much greater extent than is usually stated. In evidence of this statement I may remark that I once analysed sixty-eight consecutive cases of lateral curvature which I had had under treatment, and the curves were as follows: thirty-nine were sigmoid, twenty-nine were single curves, and in two of the latter there was no deflexion of the spinous processes, but rotation only of the vertebræ. Of the thirty-nine sigmoid, the dorsal curve was to the right in twenty-seven cases, to the left in twelve cases. Of the single curves, the direction was to the right in fifteen, to the left in fourteen cases. Thus, in the sigmoid the proportion of right dorsal curve to left was a little more than two to one, and in the single curves the proportion was nearly equal. Thus, the supposed typical form of lateral curvature certainly does not occur in so large a proportion of cases

as to warrant the common assertion that the dorsal curve is almost always to the right, and that there is in these cases always a compensatory curve to the left in the lumbar region. Many of the cases I refer to resembled, as regards the curve of spinous processes, the figure C shown in THE LANCET.

In recording my experience on this subject it has been my desire to add, if possible, to the value of Mr. Godlee's practical observations.—Your obedient servant,

Queen Anne-street, Jan. 1886. NOBLE SMITH.

A HINT ON THE TREATMENT OF RINGWORM.

To the Editor of THE LANCET.

SIR,—Last August a lady asked me to examine her nursemaid's head. I did so, and found a well-marked patch of ringworm about an inch and a half in diameter. The mistress was naturally unwilling to expose to the contagion her children, who presented no sign of the disorder, and almost equally unwilling to part with the girl for a time. After some reflection I told her I thought the difficulty might be got over with only very slight risk to the children, and treated the case in the following way. Having cut the hair close to the scalp, all round the patch, I first painted it with an alcoholic solution of iodide of mercury—an old-fashioned but excellent remedy, obtained by adding calomel to tincture of iodine and using the supernatant colourless fluid. As soon as the slight soreness it produced had passed off, I applied an iodine plaster, obtained from a formula in Beasley's book and attributed to Roderburg, an ounce of the plaster containing half a drachm of solid iodine. This, spread on kid, was carefully applied to the patch, which it overlapped all round. At the end of a fortnight it was removed, and the ringworm appeared practically cured. To make sure, however, it was again painted with the above-mentioned solution and a fresh plaster applied for another fortnight. Upon being taken off, the whole surface of the patch was found covered with short hairs. No other patch has made its appearance upon the head or elsewhere, and not one of the three children, with whom the patient was in daily and hourly contact, took the complaint. Possibly the plaster alone would have been sufficient, but I thought it safer to use the paint in addition, and I feared that if I used a more powerful plaster the irritation might tempt the patient to remove it. I might also have used a plaster containing oleate of mercury, but doubted whether it could be made sufficiently adhesive. The advantages of this mode of treatment are obvious enough, for by its means the risk of the disease being spread by actual contact, by means of caps and by the common use of hair-brushes, is reduced to a minimum. I find no allusion to this method in the ordinary works on the subject, and therefore infer that, if not new, it is not widely known.

I am, Sir, your obedient servant,

Brixton-road, Jan. 1886. RALPH W. LEFTWICH, M.D.

LIPOMA OF THE MESENTERY.

To the Editor of THE LANCET.

SIR,—The rarity of solid or cystic tumours of the mesentery is well known by the fact that Sir Spencer Wells, whose experience in the domain of abdominal surgery is, I suppose, unequalled, had only met with two cases up to last year: one was a solid tumour of about the size of an adult head, which he successfully removed, and the patient made a perfect recovery; the other was cystic, and, though the operation was successful, the patient died about a month after its performance. The difficulty attaching to the diagnosis of these from other abdominal tumours is almost insuperable, and especially is it so at a time when they are of such a size as to be removable with a fair prospect of the ultimate recovery of the patient. The above remarks constitute my apology for bringing under your notice and that of your readers the following observations made before a meeting of the Société de Chirurgie of Paris by M. Terrillon, on the 13th inst.

M. Terrillon operated and successfully removed a large lipoma of the mesentery. The patient was doing well up to the fifteenth day, but after that date persistent diarrhœa set in and death took place on the thirty-second day after the operation.

The observation of this case caused M. Terrillon to institute researches into the history of these lipomas, of which the following is an epitome.

Sex.—They occur, according to published cases, about twice as often in females as in males.

Size.—They are often of considerable size, ranging in weight from 8 lb. to 62 lb.

Growth.—They are of rather quick growth, attaining the above-mentioned weight in about two or three years.

Development.—They start from the front or sides of the lumbar spines and insinuate themselves between the two layers of the mesentery, which becomes thickened and forms an envelope for them. The bulk of the intestines are displaced to the opposite flank, but in some cases the tumour is in intimate contact with a portion of the intestine, and difficulty is experienced in separating it therefrom, so much so that in one case the surgeon was compelled to resect a portion of the bowel in the course of the operation, and in M. Terrillon's case the intestine was injured during the dissection necessary for the removal of the tumour. Sometimes the tumour, whilst insinuating itself under the lateral peritoneum, displaces forwards and contracts adhesions with the ascending or descending colon; in such cases the large intestine would lie in front, as happens in tumours of the kidney, or it may be folded over to the opposite side, as was the case in the patient operated on by M. Terrillon. The occurrence of ascites is not frequent. Compression of the abdominal viscera, by the progressive increase in size of the tumour, causes the emaciation and cachectic appearance, which is followed by the death of the patient after a few years.

Symptoms.—As to the symptoms, they differ in no way from those of other abdominal tumours of slow growth. On palpation, a sense of false fluctuation is given. In females, as the tumour is often situated near the upper part of the pelvis, it appears to have a dubious connexion with the uterus and its appendages, and it has often been mistaken for an ovarian cyst.

Diagnosis.—Up to the present time the diagnosis has not been made in a single case before the operation or the autopsy, excepting approximately. In males various tumours have been suggested. In M. Terrillon's case he had given as his diagnosis "a solid non-malignant tumour of the abdomen, probably myxomatous"; this diagnosis was based on the absence of any substance in the exploring trocar. The soft consistence, simulating fluctuation, has often caused the surgeon to practise puncturing the tumour in the hope of finding contents of a fluid nature, but ordinarily this has shown nothing, or only a little blood.

Pathological appearances.—The pathological nature of the tumour varies within certain limits; sometimes it has been a pure lipoma, but often the microscope has revealed a mixture of myxoma and lipoma. In one case the fat had the appearance of tallow, and it was a question whether it was a steatoma. Finally, in a case observed by M. Péan, the mass had undergone partial calcareous or osseous transformation. Being ordinarily constituted by lobules of fat more or less separated by tracts of fibrous tissue, the lipoma is but slightly vascular in itself, but its connexions with the mesentery are full of large vessels, which render an operation very troublesome; they necessitate the employment of a large number of forci-pressure forceps and numerous catgut ligatures.

Removal of these tumours has always been difficult; it cannot be accomplished without separating them from the mesenteric covering which envelopes them, and to do this necessitates the division of numerous lymphatics and blood-vessels belonging to the mesentery, and laying bare the great vessels in front of the spinal column. From this one can form an estimate of the possible disorders which may follow this operation.

The anfractuous cavity left after this removal of the tumour with its flaps of mesentery is enormous, and from its walls there is copious exudation of fluids. In most of the cases it has appeared necessary to diminish the bleeding surface by resecting the more prominent of the flaps, or reducing their bulk by ligature. It has been attempted to drain this cavity, but without success. Almost always the abdominal wound has been closed as after an ovariotomy.

Mortality.—The mortality after operations of this kind is very high. It would seem to be principally due to the destruction of the mesenteric vessels interfering with intestinal absorption. The gravity of the operation may also be due to the unavoidable division of numerous branches of the great sympathetic plexuses. Many patients have died

soon after the operation from traumatic shock or exhaustion; others from acute peritonitis, both septic and aseptic. Finally, some have survived the operation for periods varying from ten to thirty days, and have then succumbed to various intestinal disorders. Amongst eight operations there has been only one averred success. The results so far are discouraging, but it is to be hoped that in the future, the diagnosis becoming more precise, we shall be able to operate at a more favourable time, when the tumours have not acquired so great a size, and that then the chances of cure will be more favourable.

Those who require to investigate this subject more fully may refer to the article on Lipoma by Cornil in the "Dictionnaire Encyclopédique des Sciences Médicales," to the "Traité de Pathologie Externe," by Follier and Duplay, and the "Traité des Tumeurs Abdominales," by Péan. Both of Sir Spencer Wells's cases are related in his work on the "Diagnosis and Surgical Treatment of Abdominal Tumours," pp. 204 and 205.—I am, Sir, yours obediently,

Jan. 1886. G. R. HAMERTON, M.D.

"A CASE OF TUBAL PREGNANCY."

To the Editor of THE LANCET.

SIR,—In reference to the case of supposed tubal pregnancy recorded by Dr. Hay in THE LANCET of Jan. 16th, whatever may be the true explanation of the condition, the theory propounded will gain nothing from reference to the case referred to as having recently been brought forward at the London Obstetrical Society, which on further examination by a committee of Dr. Herman and Mr. Doran was found to be wanting in any kind of corroborative evidence in favour of its supposed nature. There was no abnormality of the woman's pelvic organs to be discovered, and the specimen presented the usual characters of intra-uterine pregnancy (the decidua of which is quite different from the corresponding structures developed in all cases of extra-uterine gestation); there was, in fact, not one particle of evidence in favour of the strange story related.

The history of Dr. Hay's case, as given in THE LANCET, appears to be conclusive in establishing the fact that the fœtus expelled was intra-uterine at the time of examination, for the introduction of the probe was followed by hæmorrhage, and abortion took place three days after. The probability of the passage of a four-months' tubal pregnancy on two occasions into the uterus under the circumstances described is altogether incredible, the supposed gestation cyst being disconnected with the uterus; a dilatation of its tubal pedicle sufficient for the purpose is impossible. The diagnosis of tubal pregnancy is seldom correctly made; the condition is rarely suspected when it does occur, and when it is suspected it usually turns out to be a mistake, and the woman is fortunate who escapes abdominal section for what proves to be a normal intra-uterine pregnancy. I am, Sir, yours obediently,

Harley-street, Jan. 30th, 1886. WALTER S. A. GRIFFITH.

THE SCARLET FEVER OUTBREAK IN MARYLEBONE.

To the Editor of THE LANCET.

SIR,—I have read your article in THE LANCET of Jan. 23rd regarding an outbreak of scarlet fever in Marylebone, supposed to be caused by milk derived from a farm in this district, and must deprecate the publication by Mr. Wynter Blyth of a number of statements respecting a Hendon farm, the majority of which I have reason to know are based on conversations that Mr. Blyth had with Mr. Power and myself. I need hardly say that these conversations, the primary object of which was to protect London consumers from danger, did not contain all or nearly all the facts that are accumulating respecting the relations of milk and scarlet fever, and submit that the public should wait for Mr. Power's report, which will embody the results of our united investigations here, before arriving at any definite conclusion upon the matter under inquiry. Under the circumstances, I cannot but think that Mr. Blyth would have done well to confine his report to matters which came under his own observation in his own district.

I am, Sir, yours truly,

JAMES CAMERON, M.D.,

January 25th, 1886. Medical Officer of Health, Hendon.

BIRMINGHAM.

(From our own Correspondent.)

PRESCRIBING CHEMISTS.

THE Deputy Coroner, at a recent inquest on the body of a child nine months old, expressed his opinion that the question of prescribing by chemists might properly be taken up by the medical associations. There is no doubt that the custom is an evil one, and that a large business is done by prescribing over the counter. Considerable harm, especially to children, is the result of this practice. A sense of responsibility hardly enters with the recommendation to give certain medicines, which are promptly made up, and charged for accordingly. The poor and ignorant appear to accept the belief that a knowledge of compounding drugs is equal to the knowledge required in prescribing them. Certainly there is a vast amount of credulity among the British public in this respect, which affords an extensive market for this vicious practice. Until the law affecting unqualified practitioners is better defined and easier of application, these cases will still frequently occur, and reflect discredit upon the intelligence of those who are made the dupes, and very often the victims, of this mode of treating disease.

INGLEBY LECTURES.

On the 28th ult., the second of the two Ingleby lectures was given by Dr. Wade, before a large and appreciative audience, the subject being "Nervous Diseases of Women." The main characteristics of the two sexes were pointed out, and the subject of hysteria was carefully dealt with. The many and various symptoms were aptly illustrated from the lecturer's experience, while the known shrewdness and attention he has given to the investigation of this class of disorders allowed him to speak with force and authority. The usual vote of thanks was passed.

HOSPITAL SUNDAY FUND.

A project has been mooted to divide *pro rata* the proceeds of this fund among all the charities of the town. Hitherto the two largest—the General and Queen's Hospitals—have divided equally in respective years, and the fourteen amalgamated charities have taken one share. The manifest injustice to the Queen's Hospital, which is sadly in want of additional funds, allowed the matter, fortunately, to fall through, and thus the institution will be relieved of a great source of anxiety. The meeting of the General Committee of the Hospital Saturday movement was marked by the reports sent in from the representatives appointed to the various charities. These reports were unanimous in their testimony as to the efficiency and economy with which the charities are administered, and afford a practical commentary for the working population of the town. In the face of declining subscription lists in many directions, it is of importance that it should be recognised how the many may help the few; and while the suffering poor in the district come from the working class mainly, this movement exhibits clearly the forcible application of the widest charity being not only possible, but of the greatest service to fellow-workmen.

EDINBURGH.

(From our own Correspondent.)

NEW UNIVERSITY LECTURESHIP.

AT a meeting of the Senatus Academicus of the University of Edinburgh held last week it was decided to found a new lectureship on the Philosophy of Natural History in connexion with the natural history department, and Mr. G. J. Romanes, F.R.S., was appointed lecturer. The appointment is for five years, and it is announced that Mr. Romanes will give his first course of lectures, six in number, during next winter session. The lectureship has been endowed by a munificent bequest by Lord Rosebery, who was Lord Rector of the University from 1880 to 1883, and who has always taken the warmest interest in university affairs. This is the second lectureship which has been recently created in connexion with the natural history department, at the suggestion of Professor Cossar Ewart, the first being a lectureship on Comparative Embryology, on which subject one course

of lectures has been already delivered by Mr. G. Brook, F.L.S., the present incumbent. The new lectureship will prove a great boon to the University in many ways: by adding a widely-known name to the staff of teachers, by providing instruction on a subject of great importance at the present time, and by further developing the system of intra-mural extension, which can but have the most beneficial effect in widening the range of university interests. Mr. Romanes may feel assured of a hearty welcome in Edinburgh when he comes to deliver his annual quotum of lectures, and the number of those anxious to attend his course of instruction will be by no means a small one.

Edinburgh, Feb. 3rd.

ABERDEEN.

(From our own Correspondent.)

THE CHAIR OF PHYSIOLOGY.

DR. J. W. WILLIAM, Lecturer on Physiology in the London School of Medicine for Women, and Dr. Berry Haycraft, are said to be, as yet, the only candidates for the vacant chair in our University. It will, indeed, prove a difficult task to find a worthy successor to Dr. Stirling, whose removal to Manchester is a serious loss to the Aberdeen Medical School. An enthusiastic physiologist, a brilliant lecturer, a clear and fascinating teacher, he has done much to increase the reputation of the school.

MEDICAL JURISPRUDENCE AND HYGIENE IN NEW ZEALAND.

Dr. Frank Ogston has been appointed Lecturer on Medical Jurisprudence and Hygiene in Dunedin College, Otago, New Zealand. He leaves Aberdeen at an early date to commence his duties in May. Dr. Ogston has, during the last ten years or more, had large experience in medico-legal work, and in his new sphere of labour will, there is no doubt, do credit to his *alma mater* and the name he bears.

PHYSICIAN TO A HOSPITAL FOR FIFTY-FIVE YEARS.

Dr. Ogston, sen., the veteran medical jurist, lately resigned the office of physician to the Boys and Girls' Hospital in Aberdeen, an appointment which he has held for more than fifty-five years. For the vacancy there were five candidates. The final vote lay between Dr. Hall and Dr. MacGregor. Dr. Hall was appointed by the casting vote of the chairman.

Aberdeen, February 2nd.

IRELAND.

(From our own Correspondent)

CARMICHAEL SCHOOL OF MEDICINE.

ON Saturday last a general meeting of the lecturers and students of this School of Medicine was held for the purpose of forming a Medical Society, to be called the Carmichael College Medical Science Association, and for the election of office-bearers for the session. The chairman having briefly explained the objects of the meeting, the rules of the proposed Society were read and adopted. These rules provided that the papers to be read and discussed at the meetings of the Society should be solely on subjects connected with medical science, that the time for reading papers should not exceed fifteen minutes, and that the speeches of those who joined in the discussion should be limited to seven minutes and a half. Dr. Samuel Gordon was elected president, the teachers in the school vice-presidents, and Drs. N. Falkiner and McHugh honorary secretaries.

DUBLIN BRANCH OF THE BRITISH MEDICAL ASSOCIATION.

The ninth annual meeting was held last week at the College of Physicians. The report of the Council referred to a resolution adopted at the previous annual meeting in reference to the condition of the Army Medical Department. Copies were sent to the Secretary of State for War and to the Director-General of the Medical Staff, and a communication was received by the chairman of the Parliamentary Bills Committee from the Permanent Under Secretary of State, stating that the only way in which the promotion to administrative grades could be expedited was to apply a more rigid system of selection, and that steps had recently been adopted with this view. The Council regretted this unsatisfactory reply, knowing that the system of selection referred to was ineffectual in relieving the block of promotion which still exists among the seniors of the executive ranks of the department. The Council had their attention drawn to what they consider a substantial grievance of Irish medical practitioners residing in England—viz., that under the regulations of the Local Government Board for England any practitioner desiring to act as public vaccinator in England must produce a certificate of having been instructed in vaccination at one of the educational vaccination stations named in the regulations of the Board, all of which stations are situated in England or Scotland. A letter in reference to this subject was addressed to the Secretary of the Local Government Board of England; but up to the present no communication beyond an official acknowledgment of its receipt has been received. The President-elect (Mr. Bennett) did not give the usual address, in consequence of a recent illness; and the office-bearers being elected for the ensuing year, the proceedings terminated. The usual annual dinner took place in the evening.

CHARITABLE BEQUESTS.

The late Mr. Francis Donagh, of the County Louth, has left £1000 to the Hospital for Incurables, £1000 to the Adelaide Hospital, £500 to the Rotundo Lying-in Hospital, and £500 to the Convalescent Home, Drogheda.

Dr. John Griffin has been appointed to the commission of the peace for the County Clare.

Dublin, Feb. 2nd.

BELFAST.

(From our own Correspondent.)

ULSTER EYE, EAR, AND THROAT HOSPITAL.

FROM the report presented at the last annual meeting we gather that during the year ending Dec. 31st last the number of patients treated at the hospital was 1977, of whom 1857 were new patients; of these 198 were admitted as intern patients; fifty-four of the patients were admitted as free; the rest were pay patients. Of the patients entered on the books of the extern department 1779 contributed to the funds of the hospital £52 4*s.*, and the remainder were free patients. The total receipts of the hospital from all sources was £562 0*s.* 9*d.*, and the expenditure £540 12*s.* 5*d.* During the past year the hospital has been open to students on operation days, and a large number have availed themselves of the privilege to attend.

HOSPITAL FOR CONSUMPTION AND DISEASES OF THE CHEST.

The annual meeting of the supporters of this hospital was held last week. During the past year 486 patients have been under treatment; the payments from those in a position to pay a small sum for medicine amounted to £27 3*s.* 6*d.* Dr. H. S. Purdon, to whom belongs the credit of instituting this hospital, has been elected a member of the consulting staff. While on the subject of consumption, we may state that the Throne Consumption Hospital, which has been largely endowed by the munificent generosity of Mr. Forster Green, is now in full working order, and Dr. James Lindsay has been elected to the post of physician.

THE BELFAST HOSPITAL FOR SICK CHILDREN.

From the report presented at the annual meeting of this the most popular of all the Belfast charities, we learn that during the past year 316 children have been under treatment in the wards, while in the extern department there were the immense number of 8974 new cases. Dr. Nelson has been appointed ophthalmic surgeon, and Mr. Andrew dentist. One of the speakers referred to the paragraph in the report calling attention to the fact that a large number of senior students of Queen's Colleges are receiving practical instruction at this hospital.

BELFAST MAIN DRAINAGE SCHEME.

A great deal of discussion is at present going on here in reference to the drainage scheme which has emanated from the Town Council, and on this subject one of our ablest engineers, Mr. Lanyon, has written with great weight. For several years past, especially during the summer, the inhabitants have been suffering from the foulest smells arising from the Lagan (our principal river), the Blackstaff,

and the slob lands on both sides of the Lough, these stenches being due to the deposit of sewage on the banks. The problem is how to get rid of this nuisance. By the new scheme it is proposed to discharge the whole of the sewage of Belfast and Ballymacarret at one spot on the slob lands on the county Antrim side of the Lough. Mr. Lanyon says this will cause a present increase of at least three times the nuisance, and thinks it preferable to let the sewage be chemically disinfected and deodorised, and the solid matter deposited and removed and sold as a manure; then a comparatively pure effluent can be discharged with safety into the new cut, where it will become thoroughly diluted and quite innocuous. It is to be hoped that, in the interests of the public health, no plan of drainage will be undertaken which will not thoroughly rid us of the present offensive nuisances, which are disgraceful to a city of such size and importance as Belfast.

NEW YORK.

(From our own Correspondent.)

HYDROPHOBIA.

THE annual hydrophobia scare has broken out in this vicinity with its usual severity. What gives this epidemic peculiar interest is the craze of the community to send all who have been bitten to Paris to be inoculated by M. Pasteur. The opportunity of testing the value of the inoculation or vaccination is peculiarly favourable. Several children in Newark were bitten at the same time by a dog supposed to be suffering from hydrophobia. Four of the children were immediately sent to Paris, where they were duly operated upon by M. Pasteur. The result of the vaccination was pronounced by him to be entirely successful, and the children have returned to their homes. They have been examined by their physician, who declares that they are in good health. The other children, two of whom were severely lacerated by the same dog on the same day, and who remained at home, are also well. It will be possible now to watch these two groups of children, and determine, possibly, the value of the vaccination.

DEATH OF PROFESSOR DRAPER.

The sudden death of Prof. John C. Draper will prove a great loss to the University Medical College, in which he was Professor of Chemistry. Dr. Draper was the eldest son of Prof. John W. Draper, and brother of Dr. Henry Draper, so eminent for his studies in solar and lunar photography. He was a writer of scientific works, the last of which, on Medical Physics, has just been published.

PUBLIC HEALTH.

The American Public Health Association has recently held its twelfth annual meeting at Washington. It was largely attended, and discussed many of the most interesting subjects in sanitary science. A prize had been offered by the Association for the best essay on School Hygiene; although a large number of papers were submitted, the prize was not awarded, none of the essays being deemed worthy.

PERILS OF PRACTICE.

A case of successful prosecution of a physician for an alleged error of diagnosis has excited much interest in this city. The physician is a reputable practitioner, and the patient a tradeswoman. The physician pronounced an eruption to be small-pox, and so reported the case to the health authorities, who had her removed to the small-pox hospital. The resident physician decided that she was suffering from eczema, and discharged her from the hospital. She recovered $500. It was proved on the trial that the defendant had called as counsel his father (a physician) and one of the inspectors of the Board of Health, both of whom corroborated his diagnosis. The profession is subscribing liberally to a fund to carry the case to the highest court.

New York, Jan. 16th, 1886.

IN view of the large consumption of pork and ham at Christmas time, the St. Petersburg Medical Society took the precaution just before the festive season of establishing two additional stations for the microscopical examination of pig meat in different parts of the city.

Medical News.

ROYAL COLLEGE OF PHYSICIANS OF LONDON.—The following gentlemen were admitted Members of the College on the 28th ult.:—

Browne, Oswald Auchinleck, M.B. Camb., George-street.
Limont, James, M.B. Edin, Newcastle-on-Tyne.
Prendergast, J. Moran, M.D. Royal University of Ireland, Victoria, Australia.

On the same day the following were admitted Licentiates of the College:—

Apthorp, East, Gurney-street.
Bartlett, Hedley Coward, Temperance Hospital, Hampstead-road.
Bennett, Frank Albert, St. Paul's-square, Birmingham.
Benson, Matthew, Wigan.
Billups, Percy Christopher Charles, Friern-road.
Bond, Barnabas Mayston, Granville-square.
Burd, Edward Lycett, Gray's-inn-square.
Burnett, Reuben, Onecote, Leek.
Candler, Wallace Harry Charles, Manor-park, Lee.
Cattell, George Trew, Crowhurst-road.
Clarkson, Thomas Harry Frederick, Heathcote-street.
Collingwood, Frederick William, Manor-road, Brockley.
Combes, Reginald Hare, Argyll-square.
Cottell, Reginald James Cope, Cheyne-row.
Counsell, Herbert Edward, Guy's Hospital.
Crisp, John, Kennington-park-gardens.
De Chazal, Edmond Lucien, Albert-street.
Dodd, Henry Work, Royal Free Hospital.
Drew, Arthur John, Gloucester-place, Hyde-park.
Edge, Frederick, Bury New-road, Bolton.
Evans, Oliver Conrad Penrhys, St. Bartholomew's Hospital.
Evill, Frederick Claude, John-street, Gray's-inn.
Ewens, George Francis W., Carey House, West Hammersmith.
Farr, Ernest Augustus, Andover.
Felix, Edward, Shirland-road.
Fountain, Edward Osborne, Hillingdon, Uxbridge.
Francis, Harry Arthur, Priory-road.
Freeland, Freeland John, Kingdon-road.
Freeman, Ernest Carrick, St. George's-square.
Frohwein, Otto Fraser, Portsea.
Gardner, William Thomas, Weddon House, Rosslyn-hill.
Gibson, John Hutchinson, Trinity-square.
Girling, John, St. Peter's-road.
Gostling, John Harry, Granville-square.
Green, Albert, Brickell-terrace.
Greenwood, Edwin Climson, Highgate-road.
Greig, William John, Bernard-street.
Harris, Herbert Elwin, Duncan-terrace.
Hazell, Robert William, Cape Town.
Hill, Alfred William, Vartry-road, Stamford-hill.
Hodge, Sydney Rupert, Fernleigh, Sunnyside-road.
Hope, George, Bramah-road.
Hulke, Frederick Bachouse, Admiralty House, Deal.
Hutton, John Stuart, St. Thomas's Hospital.
Jones, Edward Francis, Hyde Villa, Wrexham.
Jones, Hugh Edward, Trinity-square.
Jones, Thomas Slater, Trinity-square.
Jowers, Reginald Francis, Upper Vernon-street.
Kâká, Sorabji, Manekji, Whitehall-gardens.
King, Edmund Eleazar, Burton-crescent.
Le Quesne, Ferdinand Simeon, Blatchington-road, Brighton.
Liesching, Charles Edward, Elm-park-road.
Magge, William Adolphus, Hanover-square.
Mandvivala, Fakirji Kavasji, Woburn-place.
Marder, Edward Swan, St. Thomas's-terrace.
Marriott, Henry Tancred, St. George's Hospital.
Martin, Francis George Clifton, Commercial-road.
Meaden, Edward Henry, Westfield-park, Bristol.
Morgan, Frederic James, Westminster Hospital.
Nixon, Edward John, Worcester, Cape of Good Hope.
Okell, John Bathurst, St. Thomas's Hospital.
Otway, Henry Carrol, Kennington-park-road.
Owen, Samuel Walshe, Landcroft-road.
Parsons, Frederick Gymer, Westfield, Lee.
Potter, Edward Furniss, Berners-street.
Reece, Richard James, St. Bartholomew's Hospital.
Reily, Alexander Yates, Charlotte-street.
Rigden, Alan, Brompton-road.
Rigge, John Arthur, Grays.
Roberts, J. Saunders Hughes, Royal Southern Hospital, Liverpool.
Russell, George Herbert, St. Bartholomew's Hospital.
Saunders, Mark Richard, Keppel-street.
Smith, Henry Craven, Fitzroy-street.
Staddon, Walter Joseph, Fentiman-road.
Staveley, William Henry Charles, Akerman-road.
Thomas, John, St. Peter's-street.
Totsuka, Kankai, Lambeth-palace-road.
Turner, Nathaniel Henry, Redcliffe-gardens.
Upham, Charles Hazlitt, De Vere Mansions.
Vincent, John Francis, Church-crescent, South Hackney.
Wacher, Sidney, Guy's Hospital.
Webb, John Bartlett, Leigh-road South, Bristol.
Weir, Frederick William, Dowry-parade, Bristol.
Wheaton, Samuel Walton, Church-terrace, Battersea-park.
Wilkins, Gilbert Hamilton, Brixton-road.
Williams, Thomas Henry, Seymour-place.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—The following gentlemen, having undergone the necessary examinations for the diploma, were admitted Members of

the College at a meeting of the Board of Examiners on the 28th ult.:—

Bateman, Robert Watering, L.S.A., Norwich.
Earle, Walter George, Barton-under-Needwood.
Webb, John Bartlett, L.R.C.P. Lond., Clifton, Bristol.

Admitted on the 29th ult.:—

Adams, Charles Edward, M.B. Lond., Buckhurst-hill.
Allen, Norman, M.D. Toronto, Toronto.
De Charral, Edmond Lucien, L.R.C.P. Lond., Albert-street.
Ware, George Stephen, L.S.A., Berners-street.

Admitted on the 1st inst.:—

Adye, William John Alexander, L.S.A., Bradford-on-Avon.
Bartlett, Hedley Coward, L.R.C.P. Lond., Bishops Stortford.
Daly, Stephen Joseph, L.R.C.P. Lond., Ireland.
Greenwood, Edward Climson, L.R.C.P. Lond., Highgate-road.
Meaden, Edward Henry, L.R.C.P. Lond., Bristol.

COLLEGE LECTURES.—The annual course of lectures will be commenced on Monday, February 8th, at 4 o'clock, by Mr. John Bland Sutton, F.R.C.S., who will deliver three lectures, "On Evolution in Pathology." Professor Charles Stewart, M.R.C.S., will deliver six lectures, "On the Organs of Hearing," commencing on Monday, February 15th. Professor Alex. Hill, M.D., M.R.C.S., will deliver three lectures, "On the Brain Mechanism of Smell and Sight," commencing on Monday, March 1st. Professor Frederick Treves, F.R.C.S., will deliver six lectures "On the Anatomy of the Intestinal Canal and Peritoneum in the Mammalia." Professor Wm. Arthur Braily, M.D., M.R.C.S., will deliver three lectures, "On the Muscles and Fasciæ of the Orbit." The course will be concluded in June next by Mr. Leonard Charles Wooldridge, M.R.C.S., Professor Henry Power, F.R.C.S., and Professor William Cadge, F.R.C.S. The subjects of the several lectures will be hereafter published. The lectures will be delivered in the Theatre of the College on each Monday, Wednesday, and Friday, at 4 o'clock precisely.

EXAMINING BOARD IN ENGLAND BY THE ROYAL COLLEGE OF PHYSICIANS OF LONDON AND THE ROYAL COLLEGE OF SURGEONS OF ENGLAND.—The following candidates have passed Part I. of the First Examination, recently held:—

†Augustus Henry Aldridge, Manchester; *Henry Andrew, St. Thomas's; *John Atcherley, Leeds; *Alfred Howell Atkin, Guy's; *Cecil Fowler Beadles, University College; William Edwin Bennett, Birmingham; Pitzillo Birnie, St. Bartholomew's; John William Bowd, St. Bartholomew's; †Charles Stanser Bowker, Middlesex; Arthur Mather Braund, Middlesex; *Charles Butler, St. Bartholomew's; Albert William Caporn, St. Thomas's; George Carolin, University College; Herbert James Carstairs, St. Thomas's; Raymond Theobald Cassal, University College; Isaac Cohen, Charing-cross; Robert Jacob Colmer, London; Charles Edwin Cornwall, St. Bartholomew's; *Willoughby Floud Cotton, St. Bartholomew's; Alfred H. Cresswell, London; James Meadmore Crocker, Leeds; Frederick Wm. Samuel Davies, Guy's; †Cecil Lacy Dawson, St. Bartholomew's; Robert Barsham Debenham, London; Robert Kingdon Ellis, St. Thomas's; Henry Luther Ewens, Bristol; Charles Edward P. Fowler, Bristol; Robert Houle French, London; Thomas William Francis Gann, Middlesex; †George Frederick Glinn, St. Mary's; †Frank Augustus Godfrey, London; Edward Milliken Goldie, University College; Harry Gordon, Manchester; James Gordon, Middlesex; *John Henry Porteous Graham, St. Bartholomew's; James Hake, London; Ernest James Hayford, St. Thomas's; John Grenville Henniker, St. George's; William Higgins, St. George's; Richard Hopkins, London; Gerald Sidney Owen Howes, Guy's; *John Christopher Hughes, Guy's; Walter Evelyn James, University College; *Morgan Jenkins, Guy's; H. Douglas Johns, Charing-cross; Henry Martyn Jordan, Guy's; Arthur Edwin Joscelyne, London; Luigi Walter Keiffenheim, Guy's; *James Keigwin Kempthorne, King's College; Fredk. Wm. Robert John King, Middlesex; Allan Ramsay Lacy, Guy's; George Herbert Lancashire, Manchester; *John Wesley Lloyd, Liverpool; Joseph Johnston MacGregor, St. Bartholomew's; H. Medland Manley, Guy's; Ferdinand Baptist Marin, Westminster; Charles Devereux Marshall, University College; †William Ernest Marshall, University College; Albert E. Martin, London; William Molesworth, Bristol; Percy Thomas Naden, Birmingham; William Roebuck Naylor, Leeds; William Anselm Odling, St. Bartholomew's; Oswald Osborne, London; William Penberthy, London; Herbert Lloyd Penny, London; †Frederick William Pogson, Leeds; George Leslie Howard Revill, Charing-cross; Austin Edward Reynolds, University College; †John Henry Roberts, Guy's; John Maurice Roberts, St. Mary's; Hougel Gough Rosedale, Guy's; *A. Lawrance Roth, Middlesex; Eusebius Rouse Rouse, St. Bartholomew's; Henry Ashton Rudyard, University College; Charles E. Russell-Rendle, St. Bartholomew's; Patrick Joseph Ryan, Private; Edward Rye, Manchester; Edgar Stanley Sanderson, London; James H. Sequeira, London; Edward Wm. Sharman, Guy's; Francis Odell Simpson, Liverpool; William Chearnley Smith, St. George's; Ernest R. W. Spratley, Liverpool; Frederick Chas. Spurgin, Middlesex; †Frank Henry Squire, London; *Percy Stainsby, Leeds; Thomas William Swales, Leeds; John Taylor, Manchester; J. Terry, St. Thomas's; Felix Tinoco, King's College; Herbert Vallance, London; Francis Henry Morgan Vanderpant, Charing-cross; Edward Yates Watson, St. Thomas's; Harry Watts, London; Frank Webb, Manchester; Frederic) Hibbert Westmacott, Manchester; †James A. Whistler, St. George's; *Charles Horton White, Middlesex; Sylvester David Willard, St. Bartholomew's; Alfred John Williams, King's College; Robert J. Williams, London; †John Wood, St. Thomas's; Charles Samuel Woodd, St. Bartholomew's; Thomas Sanders Worboys, St. Bartholomew's; Walter Wright, St. Bartholomew's.

† Passed in Materia Medica, Medical Botany, and Pharmacy only.
* Passed in Chemistry and Chemical Physics only.

The following gentlemen have passed Part II. of the First Examination recently held:—

Joseph Brearley, Leeds; Charles Butler, St. Bartholomew's; James Meadmore Crocker, Leeds; Edmund Denison, Leeds; A. H. Venning Duckham, University College; †H. Hargreave Fawcett, University College; Emilien Edward Frossard, King's College; *Alfred Henry Grace, Bristol; Matthew Lewis Hughes, King's College; †Stewart Kirkpatrick, Liverpool; Henry George Lang, St. Bartholomew's; John Wesley Lloyd, Liverpool; Walter Douglas Macdonald, Guy's; William Hugh Macpherson, St. George's; Stephen Luther Martin, London; *Robert Henry Norgate, Bristol; *Carroll O'Sullivan, London; Edward Percy Paton, St. Bartholomew's; *Albert Edward Perry, Cork; Enrique Prada, King's College; †Herbert Fullarton Ransome, Manchester; *John Henry Roberts, Guy's; Harry Romer, St. Thomas's; James William Russell, Birmingham; Cyril Alexander Ryde, London; John S. E. Selby, St. Bartholomew's; Benjamin P. Viret, St. Bartholomew's; Leslie Herbert Walsh, King's College; F. Hibbert Westmacott, Manchester; †Augustus White, Guy's; Charles Williams, King's College; Robert J. Williams, London; John Wood, St. Thomas's; H. E. Worthington.

† Passed in Elementary Physiology only.
* Passed in Elementary Anatomy only.

BRITISH MEDICAL SERVICE.—The following is a list of Surgeons on Probation in the Medical Department of the British Army who were successful at both the London and Netley examinations. The final positions of these gentlemen are determined by the marks gained in London added to those gained at Netley, and the combined numbers are accordingly shown in the list which follows:—

	Combined Marks.		Combined Marks.
*Yarr, M. T.	5911	Kendall, H. W. M.	4408
Mumby, L. P.	5570	Elkington, H. P. G.	4364
Melville, C. H.	5494	Gordon-Dill, R. C.	4324
Mills, B. L.	5356	Buchanan, J. B.	4314
Rayner, H.	5184	Skerrett, F. T.	4307
Genge, R. E.	5018	Adamson, H. M.	4301
Cardew, G. S.	5006	Ramsay, H. M.	4299
Renny, C. A.	4935	Lavie, T. G.	4299
Thiele, H.	4911	Rose, J.	4271
Cocks, H.	4905	Cox, R. H.	4226
Wilson, J. B.	4877	Brown, H. H.	4191
Lee, W. J.	4849	Corkery, T. H.	4150
Black, J. G.	4818	Locker, E. H.	4142
Kearney, J.	4790	Crooke, W. R.	4018
Hennessy, F. W.	4773	Squire, W. P.	3930
Saw, F. A.	4659	Walsh, C. L.	3923
Stokes, W. B.	4489	O'Donnell, J. J.	3922
Hall, F. W. G.	4481	Hayman, S. J. W.	3893
Kennedy, A.	4413	Hayes, J. P. S.	3730
Tate, G. S.	4410		

* Gained the Herbert Prize of £20, with the Montefiore Medal and Prize of 20 guineas, the Martin Memorial Gold Medal, and the Parkes Memorial Bronze Medal.

INDIAN MEDICAL SERVICE.—The following is a list of Surgeons on Probation in Her Majesty's Indian Medical Service who were successful at both the London and Netley examinations. The final positions of these gentlemen are determined by the marks gained in London added to those gained at Netley, and the combined numbers are accordingly shown in the list which follows:—

	Combined Marks.		Combined Marks.
†Woolbert, H. R.	5976	Younan, A. C.	5417
Baker, G. H.	5618	Alcock, A. W.	5362
Grainger, T.	5594	Edwards, A. R.	5107
*Adie, J. R.	5487	Cadell, J. M.	4994

† Gained the Prize in Pathology, presented by Sir Joseph Fayrer.
* Gained the Montefiore Second Prize.

SOCIETY OF APOTHECARIES.—The following gentleman passed the examination in the Science and Practice of Medicine, Surgery, and Midwifery, and received a certificate to practise, on the 28th ult.:—

Duckworth, Alfred, Eaton Bank, Accrington.

The following passed the examination in the Science and Practice of Medicine, and received a certificate to practise:—

Bateman, Robert Watering, Carlton-terrace, Norwich.

THE seventy-third annual meeting of the committee of the Clifton Dispensary was held on the 3rd inst.

AT the Parkes Museum of Hygiene on the 27th ult., Mr. F. B. Jessett, F.R.C.S., delivered a lecture on Preventable Diseases.

THE inaugural meeting of the National Health Society was held on the 29th ult., under the presidency of Sir Andrew Clark, Bart.

M. LEVRAT, agrégé of the Faculty of Medicine, has been appointed chief surgeon to the Hôpital de la Charité in Lyons.

THE annual winter entertainment to the patients of the British Home for Incurables was given on the 3rd inst.

TRICHINOSIS.—Five members of a family at Tarentum, Pennsylvania, are reported to have died of trichinosis. The lives of three other members of the family suffering from the disease are despaired of.

AT the annual general meeting of subscribers to the Dewsbury and District General Infirmary on the 28th ult., a highly satisfactory report was presented by the Board of Management.

PAPERS to hand from the colony contain lengthy accounts of the scare produced at Brisbane by the arrival at that port during December last of a cholera-infected ship. Energetic steps were at once taken to check the disease.

DURHAM COUNTY HOSPITAL.—A bequest of £10,000 has been added to the funds of this hospital, and new wings are to be erected to the memory of the donor, the late Mr. Eden, of Beamish Park.

Nursing Sisters S. Browne and E. Wright, attached to the Military Hospital at Woolwich, have each been presented with a medal for the Soudan with clasps for Suakim, in recognition of their services in the late Egyptian campaign.

PRIZE OF THE PARIS MEDICAL SOCIETY.—The Société de Médecine de Paris has awarded the Duparc prize, value 1200 francs, to M. Dalché, interne of the Paris hospitals, for his treatise on Ovaritis.

AT a general meeting of the Hospitals' Association, held on the 27th ult., the adjourned discussion on the subject of the "hospitals' out-patient" question was resumed. Several members joined in the debate, which appeared to excite great and general interest.

ROYAL NATIONAL HOSPITAL FOR CONSUMPTION, VENTNOR.—A public dinner in aid of the funds of this hospital will take place on Thursday, May 20th, at the Holborn Restaurant, when the Right Hon. the Earl of Rosebery, President of the hospital, has consented to occupy the chair.

THE first class of the Order of St. Ann has been given to Dr. D. E. von Wahl, Professor of Surgery in Dorpat, also the third class of the Order of St. Vladimir has been conferred on Prof. Lazarevich, the well-known obstetrician of Kharkoff.

MR. H. B. NOBLE has offered a large plot of land for the purpose of the erection of a new hospital for Douglas, Isle of Man, and also the sum of £5000 for the purpose of building it, on condition that the institution be called Noble's Isle of Man Hospital. The offer has been accepted.

THE PECULIAR PEOPLE.—A verdict of manslaughter was returned by a coroner's jury at Royston, on Wednesday, against a farm bailiff, living at Foulmire, near Royston. It was stated that the accused belonged to the Peculiar People, and that he declined to obtain medical aid for a child of his who died from pneumonia.

ON the 3rd inst. a Local Government Board inquiry was held at Harrogate, respecting an application by the urban sanitary authority of that town for permission to borrow money for, amongst other purposes, the construction of reservoirs for mineral waters. This scheme originated with the medical men of the town.

STOCKPORT AND DISTRICT MEDICAL SOCIETY.—The first meeting of this Society was held on Thursday, January 28th, at 6.30 P.M., at the George Hotel, Stockport, when rules were passed and the following officers elected:—President: Dr. John Howe (Marple). Vice-President: Dr. Henry Heginbotham (Stockport). Hon. Sec.: Dr. J. Johnson Bailey (Marple). Hon. Treasurer: Dr. Kenneth Maclean (Stockport). The members, numbering between thirty and forty, afterwards dined together under very gratifying circumstances.

BORDEAUX MEDICAL SOCIETY.—The Bordeaux Medical and Surgical Society has decided to offer its prize of 1000 francs for the present year for a monograph on Jacksonian Epilepsy. The Society wishes that all the information on the subject which at present exists in medical literature scattered in numerous journals, summaries, and papers should be gathered into one comprehensive work. The same Society offers another prize, of the value of 500 francs, for a popular treatise on Alcoholism. The essays for both the above must be legibly written in French, and sent, with the names of the writers, in sealed envelopes, to the general secretary of the Society, before August 31st, 1886.

VACCINATION GRANT.—Dr. T. Lamont Macartney of the Worthen district of the Forden Union has been awarded the Government grant for efficient vaccination (second time).

HOSPITAL SATURDAY FUND.—The twelfth annual meeting of the supporters of this fund was held on the 28th ult. According to the report of the Council for 1885 the continued progress of the movement is evidenced by an increase of £500 in the awards to the participating institutions; £9500 had been awarded to 71 hospitals, 40 dispensaries, and 19 convalescent homes and charities. During the past twelve years £74,271 has been contributed to the hospitals through the medium of the fund. The receipts have advanced from £6141 in 1874 and £6150 in 1879 to £11,192 last year.

TEMPERANCE LEGISLATION.—The arrangements for the conference to be held on this subject on the 25th and 26th inst. are now complete. On the first day, after an address from the President, Sir Richard Temple Bart., papers will be read on the question, "What reform, if any, is desirable in the Licensing Laws?" and the remainder of the day will be devoted to a discussion of the question. On the second day papers will be read on the questions, "Should compensation be given on the compulsory extinction of licenses, and, if so, from what source?" and "Is prohibitory legislation desirable, and, if so, in what form?"

MANCHESTER MEDICO-ETHICAL ASSOCIATION.—The annual meeting of this Association was held on January 29th, 1886. The report of the committee showed continued prosperity, with a steady increase of members and funds. The following gentlemen were elected office-bearers and members of committee for the year:—President: Mr. F. H. Walmsley. Vice-Presidents: Drs. H. Ashby, W. H. Barlow, S. Buckley, and F. M. Pierce. Treasurer: Dr. D. L. Roberts. Secretaries: Dr. A. Wahltuch, and Mr. J. Broadbent. Committee: Drs. F. H. Collins, A. Emrys-Jones, S. H. Owen, T. C. Railton, E. Rayner, W. Walter, and S. Woodcock, and Messrs. G. Bowring, J. Foster, R. Dacre-Fox, A. Hodgkinson, and D. de Vere Hunt.

BOROUGH HOSPITAL, BIRKENHEAD.—The annual meeting of the governors of this charity was held on the 25th ult. The report stated that the total number of patients treated during the year ending Dec. 31st, 1885, was 9322, of whom 3842 were children. During the year 535 patients had been treated in the hospital wards, 1799 were casualties seen at all hours, the out-patients numbered 3240, the home-patients 2407, and the dental patients 1341. The total expenses for the year were £2655 4*s.* 7*d.*, and the total ordinary receipts £2258 12*s.* 2*d.*, showing that the receipts had thus fallen short of the expenses by £396 12*s.* 5*d.*, and, inclusive of the adverse balance against the institution brought forward at the beginning of the year of £260 19*s.* 6*d.*, left a balance due to the treasurer of £657 11*s.* 11*d.*

THE GERMAN HOSPITAL.—At the annual general court of governors of this institution, on the 27th ult., it was stated that the number of in-patients admitted to the hospital and to the convalescent home during 1885 was 1076 and the total number of out-patients treated at the institution and the dispensaries connected with it was 22,588. The receipts amounted to £9025 and the expenditure to £9163. Though nominally German, this institution opens its doors to patients of all nationalities, and the great majority of the accident cases, which form a considerable part of the whole number, are English. As will be seen by the above statement of accounts, the present income of the hospital does not cover its expenditure, and further funds are urgently needed.

JERVIS-STREET HOSPITAL, DUBLIN.—On the 27th ult. a ball of a very magnificent kind was held in aid of the funds of this institution, and was most successful, an immense number of tickets having been sold, while the citizens and tradespeople made liberal contributions. One of the new wards—140 feet by 30—was utilised for dancing, while two other main wards were used for the convenience of those present. The decorations were extremely handsome, and the building was illuminated by the electric light. It was in order to obtain the necessary funds for furnishing the new wards recently constructed that the ball was held. On Thursday, the 28th, there was a musical promenade and undress ball, on the following evening a promenade with military bands, and on Saturday a dramatic performance.

HUNTERIAN SOCIETY.—The annual meeting of the Hunterian Society will be held in the London Institution, Finsbury-circus, on Wednesday, Feb. 10th, when the oration will be delivered by Sir Andrew Clark, Bart., F.R.S., at 8 P.M. The annual dinner of the Society takes place at the Holborn Restaurant on Friday, Feb. 12th. The following is the proposed list of officers for the session 1886-87:—President: Mr. F. M. Corner. Vice-Presidents: Mr. W. Clapton; Dr. Stephen Mackenzie; Dr. W. Talbot King, Mr. T. Rowing Fendick. Treasurer: Dr. Fotherby. Trustees: Dr. Fotherby; Mr. D. de Bert Hovell. Librarian: Dr. Burchell. Orator: Dr. Galabin. Secretaries: Mr. Charters J. Symonds; Dr. Charlewood Turner. Council: Drs. R. E. Carrington, R. Fowler, E. G. Gilbert, G. E. Herman, and P. H. Pye-Smith; Messrs. R. Barlow, C. H. Buncombe, G. B. Hicks, W. Rivington, R. G. Tatham, F. Wallace, and J. B. White.

BOOKS ETC. RECEIVED.

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Practical Surgery, including Dressings, Bandaging, Fractures, Dislocations, Ligature of Arteries, Amputations, and Excision of Bones and Joints. By J. Ewing Mears, M.D. pp. 794, with 490 Illustrations.

CASSELL & Co., London.

The Year-book of Treatment for 1885. pp. 316.

CHURCHILL, J. & A., New Burlington-street, London.

Hunterian Lectures on some of the Injuries and Diseases of the Neck and Head, the Genito-urinary Organs, and the Rectum. By Edward Lund, F.R.C.S. pp. 116, with 4 Plates.

Year-book of Pharmacy, 1885. pp. 566.

A Code of Medical Ethics. By Jukes De Styrap, M.K.Q.C.P.I. Second Edition. pp. 95.

Sore Throat, its Nature, Varieties, and Treatment. By Prosser James, M.D. Fifth Edition. pp. 383, with Illustrations.

The Refraction of the Eye. By G. Hartridge, F.R.C.S. Second Edition. pp. 223, with 94 Illustrations.

A Guide to the New Pharmacopœia (1885). By Prosser James, M.D. Second Edition. pp. 119.

Handbook of the Diseases of the Nervous System. By James Ross, M.D., LL.D. pp. 723, with 184 Illustrations.

On the Supra-pubic Operation of Opening the Bladder for the Stone or for Tumours. By Sir Henry Thompson, F.R.C.S. pp. 37, Illustrated.

KIMPTON, HENRY, High Holborn, London.

Surgical Handicraft. By Walter Pye, F.R.C.S. Second Edition. pp. 546, with Illustrations.

LEWIS, H. K., Gower-street, London.

An Introduction to Practical Bacteriology. By Edgar M. Crookshank, M.B.Lond. &c. pp. 240, Illustrated with Coloured Plates and Wood Engravings.

Elements of Practical Medicine. By Alfred H. Carter, M.D.Lond. Fourth Edition. pp. 443.

A Guide to the Examination of the Nose. By E. C. Baber, M.B.Lond. pp. 163, with Illustrations.

LONGMANS, GREEN, & Co., Paternoster-row, London.

An Introduction to the Use of the Laryngoscope. By A. E. Garrod, M.A., M.B.Oxon. pp. 54.

The Rotifera or Wheel-animalcules. By C. T. Hudson, LL.D.Cantab., assisted by P. H. Gosse, F.R.S. Part I. pp. 40, with 5 Page-Plates.

PENTLAND, YOUNG J., Edinburgh.

Atlas of Venereal Diseases. By P. H. Maclaren, M.D., F.R.C.S.E. Fasciculus III. 6s.

PITMAN, F., Paternoster-row, London.

A System of Hygienic Medicine. By T. R. Allinson, L.R.C.P. &c. pp. 88.

REMINGTON & Co., Henrietta-street, Covent-garden.

Lieutenant Mary: a Novel. By J. T. Collier, M.D. In 2 vols. pp. 294—308.

RENSHAW, HENRY, Strand, London.

The Voice, its Culture and Preservation. By Henry Knowles, L.R.C.P. &c. pp. 80.

Hernia and its Radical Cure. With a Clinical Lecture on Trusses and their application to Ruptures. By John Wood, F.R.S., F.R.C.S. pp. 124, with Illustrations.

WYMAN & SON, Great Queen-street, London.

The Light of Life, or the Secrets of Animal and Vegetable Development. Edited by J. J. Kain. pp. 181.

English and French Morality from a Frenchman's Point of View; by Yves Guyot.—Report of the Committee on Disinfectants of the American Public Health Association.—Report on Alcohol; by A. B. Palmer, M.D., LL.D., Michigan.—Reactions of the Substances given at the Practical Examination in Chemistry at the 1st M.B.Lond.; by F. J. M. Page, B.Sc. &c. (Lewis.)—Annual Report on the Civil Hospitals and Dispensaries in the Madras Presidency for 1884.—Little Folks, January. (Cassell & Co.)—The Insurance Railway Guide.—Improved Apparatus and Improved Methods for applying Static Electricity; by Dr. H. Tibbits.—Memory, Natural and Artificial; by F. W. E. Green.—Transactions of the American Ophthalmological Society; 21st Annual Meeting. (Boston.)—The International Journal of the Medical Sciences; No. CLXXX. New Series. (Cassell & Co.)—The Insurance Year-book, 1886.—Public Health in Minnesota Reports for 1885.—Transactions of the American Dermatological Association, 1885.—Handbuch der Physiologischen Optik; von H. von Helmholtz: zweite umgearbeitete Auflage, erste Lieferung.—Etude sur la Pathogénie et l'Anatomie Pathologique de l'Erysipèle; par le Dr. Maurice Denucé.—A new Electric Light, for Diagnosis and Treatment of Diseases of Nose and Throat; by Dr. W. C. Jarvis, New York.—Ueber Lage und Stellung der Frau bei der Geburt; von Dr. R. W. Felkin, aus Edinburg.—Notes on the For Tribe of Central Africa; by R. W. Felkin, M.D.—Some recent Observations on Micro-biology; by F. J. Faraday, F.L.S.—Handbook of Deductive Logic designed for Medical Students; by Rev. Duncan Stewart, D.D. (Livingstone, Edinburgh.)—Catalogue of the Pathological Museum of the Western Infirmary, Glasgow; compiled by Joseph Coats, M.D. (Macdougall, Glasgow.)—Medical Boycotting; by Dr. R. R. Dudgeon.—University College Magazine, Liverpool, January, 1886.—Report of the British National Aid Society.—Index Medicus, Vol. VII., No. 12.—Decisions under Medical Practice Laws. (Illinois State Board of Health.)—Sunday Magazine, Good Words, February.—Leisure Hour, Sunday at Home, Boy's Own Paper, Girl's Own Paper, February.—Christian Theocracy and the Dynamics of Modern Government.—Histoire de la Médecine; par L. Barbillon.—A Young Wife's Perplexities; by Mrs. Warren.—The Reign of Law in Medicine; by Dyce Brown, M.D.—Ague, or Intermittent Fever; by M. D. O'Connell, M.D. &c.—Supra-pubic Lithotomy; by W. S. Tremaine, M.D.

Medical Appointments.

Intimations for this column must be sent DIRECT *to the Office of* THE LANCET *before 9 o'clock on Thursday Morning at the latest.*

ATKINSON, T. R., M.R.C.S., L.S.A.Lond., has been reappointed Medical Officer of Health for the Madley Division of the Dore Rural Sanitary District.

BARWISE, SIDNEY, M.R.C.S., L.S.A.Lond., has been appointed Medical Officer for the Second District of the Parish of Birmingham.

BENCRAFT, HENRY WILLIAM RUSSELL, M.R.C.S., L.R.C.P.Ed., has been appointed Medical Officer to the Southampton Workhouse, vice Robert Welch, resigned.

DAVIS, HENRY, M.R.C.S., L.S.A.Lond., Second Chloroformist to the Middlesex Hospital, has been appointed Anæsthetist to the National Dental Hospital.

ENGLAND, Mr., L.D.S.Eng., has been appointed Honorary Dental Surgeon to the Home for Female Orphans, St. John's Wood, W.

GIBBONS, ROBERT A., M.D., M.R.C.P., has been appointed Physician for the Diseases of Women and Children to the St. George's and St. James's Dispensary, vice Fancourt Barnes, resigned.

JACKSON, H., M.R.C.S., L.S.A.Lond., has been reappointed Medical Officer of Health for the Barnstaple Rural Sanitary District.

KAYE, JAMES R., M.B., C.M.Glas., has been appointed Medical Officer for the Third District of the Parish of Birmingham.

LUCAS, CHARLES, M.R.C.S., L.S.A.Lond., has been appointed Medical Officer for the Fifth District of the Newmarket Union.

MORRIS, DAVID W., L.K.Q.C.P.I., M.R.C.S., has been appointed Medical Officer for the Fulbourn District of the Chesterton Union.

NIVEN, JAMES, M.B., M.A.Cantab., has been appointed Medical Officer of Health for the Oldham Urban Sanitary District; and Medical Director and Attendant of the Westhulme Infectious Diseases Hospital, vice Hill, deceased.

ORCHARD, ALFRED, M.R.C.S. and L.R.C.P.Lond., has been appointed Medical Officer and Public Vaccinator for the Workhouse and Parish of Ashby-de-la-Zouch.

PAIN, T. D'OYLEY, L.S.A.Lond., has been reappointed Medical Officer of Health for the Kentchurch Division of the Dore Rural Sanitary District.

POCKLINGTON, EVELYN, M.R.C.S., L.S.A.Lond., has been reappointed Medical Officer of Health for the Wimbledon Urban Sanitary District.

SHARMAN, JOHN, M.R.C.S., L.S.A.Lond., has been appointed Medical Officer to the Schools at Norwood of the Parish of St. Mary, Lambeth.

SHEA, JOHN, M.D.St. And., M.R.C.S., L.S.A.Lond., has been re-appointed Medical Officer of Health for the Wokingham Urban Sanitary District.

THAIN, LESLIE L., M.R.C.S., L.S.A.Lond., has been reappointed Medical Officer of Health for the Longtown Division of the Dore Rural Sanitary District.

THOMAS, WILLIAM LANHAM, M.R.C.S., L.S.A.Lond., has been re-appointed Medical Officer of Health for the Horsham Urban Sanitary District.

WARTENBERG, VICTOR A., L.R.C.P.Ed., M.R.C.S., L.S.A.Lond., has been reappointed Medical Officer of Health for the St. Anne's-on-the-Sea Urban Sanitary District.

Births, Marriages, and Deaths.

BIRTHS.

ADAMS.—On the 1st inst., at 184, Aldersgate-street, E.C., the wife of John Adams, L.R.C.P.Lond., of a son.

ANDERSON.—On the 1st inst., at Spennymoor, Durham, the wife of Robert S. Anderson, M.B., of a daughter.

BENJAFIELD.—On the 6th ult., at Bletchenden, Church-street, Edmonton, the wife of W. B. Benjafield, M.D.Edin., of a son.

BROOKS.—On the 31st ult., at Beaumont-street, Oxford, the wife of W. Tyrrell Brooks, M.B., of a daughter.

CAMPBELL.—On the 29th ult., at Sheffield-gardens, Campden-hill, W., the wife of Brigade-Surgeon A. D. Campbell, M.D., of a son.

COLEMAN.—On the 29th ult., at Hill View, Streatham-common, S.W., the wife of Charles A. Coleman, M.D., of a son.

GABE.—On the 26th ult., at Mecklenburgh-square, W.C., the wife of John R. Gabe, M.D., M.R.C.S., of a son.

HILLIARD.—On the 3rd inst., at Church-street, Aylesbury, the wife of Dr. R. Harvey Hilliard, of a son.

POPE.—On the 26th ult., at Broomsgrove Villa, Goldhawk-road, W., the wife of H. Campbell Pope, M.D.Lond., F.R.C.S., of a daughter.

PORTER.—On the 29th ult., at Bow-road, the wife of J. Francis Porter, M.D., of a daughter.

RAYNER.—On the 1st inst., at Hanwell, the wife of H. Rayner, M.D., of a son.

SNOW.—On the 26th ult., at Norfolk-terrace, Bayswater, the wife of Herbert Snow, M.D.Lond., of a daughter.

WHITTLE.—On the 29th ult., at Oriel House, Prince's-avenue, Liverpool, the wife of Glynn Whittle, M.A., M.D.Cantab., of a son.

YOUNG.—On the 31st ult., at Rose Bank, Merton-road, Bootle, near Liverpool, the wife of T. Frederic Young, M.K.Q.C.P.I. M.R.C.S., of a daughter.

MARRIAGES.

BOTT—LUKE.—On the 27th ult., at Holy Trinity Church, Dartford, Kent, Joseph Bott, M.R.C.S., eldest son of Joseph Fennell Bott, late of Canmas Hall, White Roothing, Essex, to Elizabeth Ann, second daughter of William Luke, of Portsmouth, Hampshire.

COX—OLDREY.—On the 1st inst., at Kingston, Jamaica, J. Leslie C. Cox, L.R.C.P.Ed., L.R.C.S.Ed., to Florence Nugent, eldest daughter of the late Robert Oldrey, Esq., of Harpole Hall, Northamptonshire.

MILLIGAN—RICHARD.—On the 3rd inst., at 20, Grosvenor-crescent, Edinburgh, by the Rev. James MacGregor, D.D., assisted by the Rev. A. Wallace Williamson, M.A., of St. Cuthbert's, David Milligan, M.B., C.M.Edin., youngest son of the late James Milligan, Solicitor before the Supreme Courts, Edinburgh, to Margaret Isabella, second daughter of John Miller Richard, of Clarendon. At home, 7, West Maitland-street, 18th and 19th inst.

RICHMOND—JEFFERSON.—On the 28th ult., at All Saints' Church, Northallerton, Sylvester Richmond, M.D., of Greenhithe, Kent, to Mary, eldest daughter of W. T. Jefferson, Solicitor, of Northallerton.

WILLIAMS—BEVAN.—On the 2nd inst., at Christ Church, Lancaster-gate, by the Rev. C. Spencer Newham, Llewellyn Leonard Bulkeley Williams, M.B.Glas., son of the late David Williams, Esq., M.P., J.P., D.L., of Dengraeth Castle, Merionethshire, to Antonia Rebecca, daughter of the late William Bevan, Esq., of 74, Lancaster-gate, London.

DEATHS.

BALLS-WOOLBY.—On the 1st ult., at Groot River, Cape Colony, drowned whilst bathing in the sea, James Balls-Woolby, M.B.Lond., M.R.C.S., eldest son of R. J. Balls, of Spexhall-road, Halesworth, Suffolk.

BUTLER.—On the 15th ult., at Coventry-street, Brighton, George Butler, Surgeon, A.M.D. (retired), aged 68.

HARRIS.—On the 27th ult., at Guilford-street, W.C., David Harris, M.R.C.S., aged 27.

KITCHING.—On the 2nd inst., at his residence, Enfield, Middlesex, George Kitching, M.D., in his 85th year.

RODGERS.—On the 30th ult., Professor Julian Edward Disbrowe Rodgers, M.R.C.S. and L.S.A.Lond., late of the London Hospital Medical School, in his 72nd year.

N.B.—A fee of 5s. is charged for the Insertion of Notices of Births, Marriages, and Deaths.

Medical Diary for the ensuing Week.

Monday, February 8.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10.30 A.M., and each day at the same hour.
ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1.30 P.M., and each day at the same hour.
ST. MARK'S HOSPITAL.—Operations, 2 P.M.; Tuesdays, same hour.
CHELSEA HOSPITAL FOR WOMEN.—Operations, 2.30 P.M.; Thursday, 2 P.M.
HOSPITAL FOR WOMEN, SOHO-SQUARE.—Operations, 2 P.M., and on Thursday at the same hour.
METROPOLITAN FREE HOSPITAL.—Operations, 2 P.M.
ROYAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.
CENTRAL LONDON OPHTHALMIC HOSPITALS.—Operations, 2 P.M., and each day in the week at the same hour.
ROYAL COLLEGE OF SURGEONS OF ENGLAND.—4 P.M. Mr. J. Bland Sutton: Evolution in Pathology.
SOCIETY OF ARTS.—8 P.M. Prof. H. S. Hele Shaw: Friction (Cantor Lecture).
MEDICAL SOCIETY OF LONDON.—8.30 P.M. Mr. Bernard Pitts: Subperitoneal Resection in certain cases of Acute Necrosis.—Dr. D. W. Finlay: On a case of Empyema with Cerebral Abscess.

Tuesday, February 9.

GUY'S HOSPITAL.—Operations, 1.30 P.M., and on Friday at the same hour. Ophthalmic Operations on Mondays at 1.30 and Thursdays at 2 P.M.
ST. THOMAS'S HOSPITAL.—Ophthalmic Operations, 4 P.M.; Friday, 2 P.M.
CANCER HOSPITAL, BROMPTON.—Operations, 2.30 P.M.; Saturday, 2.30 P.M.
WESTMINSTER HOSPITAL.—Operations, 2 P.M.
WEST LONDON HOSPITAL.—Operations, 2.30 P.M.
ROYAL INSTITUTION OF GREAT BRITAIN.—3 P.M. Mr. R. Stuart Poole: Naucratis.
ROYAL MEDICAL AND CHIRURGICAL SOCIETY.—8.30 P.M. Dr. J. Edward Squire: Enteric Fever at Suakim, with some cases of Malarial, Enteric, or Typho-malarial Fever.—Dr. Cayley: A case of Thoracic Aneurysm treated by the introduction of Iron Wire into the Sac.

Wednesday, February 10.

NATIONAL ORTHOPÆDIC HOSPITAL.—Operations, 10 A.M.
MIDDLESEX HOSPITAL.—Operations, 1 P.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1.30 P.M.; Saturday, same hour. Ophthalmic Operations, Tuesdays and Thursdays, 1.30 P.M.
ST. MARK'S HOSPITAL.—Operations, 1.30 P.M. Skin Department, Tuesdays and Fridays, 9.30 A.M.
ST. THOMAS'S HOSPITAL.—Operations, 1.30 P.M.; Saturday, same hour.
LONDON HOSPITAL.—Operations, 2 P.M.; Thursday & Saturday, same hour.
GREAT NORTHERN CENTRAL HOSPITAL.—Operations, 2 P.M.
SAMARITAN FREE HOSPITAL FOR WOMEN AND CHILDREN.—Operations, 2.30 P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.; Saturday, 2 P.M. Skin Department, 1.45 P.M.; Saturday, 9.15 A.M.
ROYAL FREE HOSPITAL.—Operations, 2 P.M.
KING'S COLLEGE HOSPITAL.—Operations, 3 to 4 P.M.
ROYAL COLLEGE OF SURGEONS OF ENGLAND.—4 P.M. Mr. J. Bland Sutton: Evolution in Pathology.
HUNTERIAN SOCIETY.—8 P.M. Annual Oration by Sir Andrew Clark, Bart.
ROYAL MICROSCOPICAL SOCIETY.—8 P.M. Rev. Dr. Dallinger will give his Presidential Address.
EPIDEMIOLOGICAL SOCIETY OF LONDON.—8 P.M. Dr. D. A. Gresswell: Chronicity and Rejuvenescence of Diphtheria in the Individual, and their Bearings upon Sustained Prevalence of Diphtheria in a Community.
SOCIETY OF ARTS.—8 P.M. Mr. Bennett H. Brough: Mining Industry at the Buda-Pest Exhibition.
BRITISH GYNÆCOLOGICAL SOCIETY.—8.30 P.M. Specimens will be shown. Adjourned Discussion on Dr. Chalmers' paper on Puerperal Septicæmia.

Thursday, February 11.

ST. GEORGE'S HOSPITAL.—Operations, 1 P.M.
ST. BARTHOLOMEW'S HOSPITAL.—Surgical Consultations, 1.30 P.M.
CHARING-CROSS HOSPITAL.—Operations, 2 P.M.
NORTH-WEST LONDON HOSPITAL.—Operations, 2.30 P.M.
ROYAL INSTITUTION OF GREAT BRITAIN.—3 P.M. Prof. W. Chandler Roberts-Austen: Metals as affected by Small Quantities of Impurity.

Friday, February 12.

ST. GEORGE'S HOSPITAL.—Ophthalmic Operations, 1.30 P.M.
ROYAL SOUTH LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.
KING'S COLLEGE HOSPITAL.—Operations, 2 P.M.
ROYAL COLLEGE OF SURGEONS OF ENGLAND.—4 P.M. Mr. J. Bland Sutton: Evolution in Pathology.
CLINICAL SOCIETY OF LONDON.—8.30 P.M. Dr. Tyson: On three cases of Universal Alopecia.—Mr. Bellamy: An Obscure case of Femoral Hernia, operation, (?) double reduction *en masse*.—Dr. Hale White: Hysterical Pyrexia.—Dr. Goodhart: Cases of Meningitis of Obscure Origin.—Dr. Stephen Mackenzie: Two cases with Unilateral Paralysis of Tongue, Soft Palate, and Vocal Cord, &c. (living specimens).
ROYAL INSTITUTION OF GREAT BRITAIN.—9 P.M. Prof. Osborne Reynolds: Experiments showing Dilatancy, a property of Granular Material, possibly connected with Gravitation.

Saturday, February 13.

KING'S COLLEGE HOSPITAL.—Operations, 1 P.M.
ROYAL FREE HOSPITAL.—Operations, 2 P.M.
MIDDLESEX HOSPITAL.—Operations, 2 P.M.
ROYAL INSTITUTION OF GREAT BRITAIN.—3 P.M. Mr. Archibald Geikie The History of Volcanic Action in the British Isles.

HUNTERIAN SOCIETY.—The annual meeting of the Hunterian Society will be held in the London Institution, Finsbury-circus, on Wednesday, Feb. 10th, when the oration will be delivered by Sir Andrew Clark, Bart., F.R.S., at 8 P.M. The annual dinner of the Society takes place at the Holborn Restaurant on Friday, Feb. 12th. The following is the proposed list of officers for the session 1886-87:—President: Mr. F. M. Corner. Vice-Presidents: Mr. W. Clapton; Dr. Stephen Mackenzie; Dr. W. Talbot King, Mr. T. Rowing Fendick. Treasurer: Dr. Fotherby. Trustees: Dr. Fotherby; Mr. D. de Bert Hovell. Librarian: Dr. Burchell. Orator: Dr. Galabin. Secretaries: Mr. Charters J. Symonds; Dr. Charlewood Turner. Council: Drs. R. E. Carrington, R. Fowler, E. G. Gilbert, G. E. Herman, and P. H. Pye-Smith; Messrs. R. Barlow, C. H. Buncombe, G. B. Hicks, W. Rivington, R. G. Tatham, F. Wallace, and J. B. White.

BOOKS ETC. RECEIVED.

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The Field and Limitation of the Operative Surgery of the Brain. By J. B. Roberts, M.A., M.D. pp. 80.

Practical Surgery, including Dressings, Bandaging, Fractures, Dislocations, Ligature of Arteries, Amputations, and Excision of Bones and Joints. By J. Ewing Mears, M.D. pp. 794, with 499 Illustrations.

CASSELL & Co., London.

The Year-book of Treatment for 1885. pp. 316.

CHURCHILL, J. & A., New Burlington-street, London.

Hunterian Lectures on some of the Injuries and Diseases of the Neck and Head, the Genito-urinary Organs, and the Rectum. By Edward Lund, F.R.C.S. pp. 116, with 4 Plates.

Year-book of Pharmacy, 1885. pp. 566.

A Code of Medical Ethics. By Jukes De Styrap, M.K.Q.C.P.I. Second Edition. pp. 95.

Sore Throat, its Nature, Varieties, and Treatment. By Prosser James, M.D. Fifth Edition. pp. 303, with Illustrations.

The Refraction of the Eye. By G. Hartridge, F.R.C.S. Second Edition. pp. 223, with 94 Illustrations.

A Guide to the New Pharmacopœia (1885). By Prosser James, M.D. Second Edition. pp. 119.

Handbook of the Diseases of the Nervous System. By James Ross, M.D., LL.D. pp. 723, with 184 Illustrations.

On the Supra-pubic Operation of Opening the Bladder for the Stone or for Tumours. By Sir Henry Thompson, F.R.C.S. pp. 37, Illustrated.

KEMPTON, HENRY, High Holborn, London.

Surgical Handicraft. By Walter Pye, F.R.C.S. Second Edition. pp. 546, with Illustrations.

LEWIS, H. K., Gower-street, London.

An Introduction to Practical Bacteriology. By Edgar M. Crookshank, M.B.Lond. &c. pp. 240, Illustrated with Coloured Plates and Wood Engravings.

Elements of Practical Medicine. By Alfred H. Carter, M.D.Lond. Fourth Edition. pp. 443.

A Guide to the Examination of the Nose. By E. C. Baber, M.B.Lond. pp. 163, with Illustrations.

LONGMANS, GREEN, & Co., Paternoster-row, London.

An Introduction to the Use of the Laryngoscope. By A. E. Garrod, M.A., M.B.Oxon. pp. 54.

The Rotifera or Wheel-animalcules. By C. T. Hudson, LL.D.Cantab., assisted by P. H. Gosse, F.R.S. Part I. pp. 40, with 5 Page-Plates.

PENTLAND, YOUNG J., Edinburgh.

Atlas of Venereal Diseases. By P. H. Maclaren, M.D., F.R.C.S.E. Fasciculus III. 6s.

PITMAN, F., Paternoster-row, London.

A System of Hygienic Medicine. By T. R. Allinson, L.R.C.P. &c. pp. 88.

REMINGTON & Co., Henrietta-street, Covent-garden.

Lieutenant Mary: a Novel. By J. T. Collier, M.D. In 2 vols. pp. 294—308.

RENSHAW, HENRY, Strand, London.

The Voice, its Culture and Preservation. By Henry Knowles, L.R.C.P. &c. pp. 80.

Hernia and its Radical Cure. With a Clinical Lecture on Trusses and their application to Ruptures. By John Wood, F.R.S., F.R.C.S. pp. 124, with Illustrations.

WYMAN & SON, Great Queen-street, London.

The Light of Life, or the Secrets of Animal and Vegetable Development. Edited by J. J. Kain. pp. 181.

English and French Morality from a Frenchman's Point of View; by Yves Guyot.—Report of the Committee on Disinfectants of the American Public Health Association.—Report on Alcohol; by A. B. Palmer, M.D., LL.D., Michigan.—Reactions of the Substances given at the Practical Examination in Chemistry at the 1st M.B.Lond.; by F. J. M. Page, B.Sc. &c. (Lewis.)—Annual Report on the Civil Hospitals and Dispensaries in the Madras Presidency for 1884.—Little Folks, January. (Cassell & Co.)—The Insurance Railway Guide.—Improved Apparatus and Improved Methods for applying Static Electricity; by Dr. H. Tibbits.—Memory, Natural and Artificial; by F. W. R. Green.—Transactions of the American Ophthalmological Society; 21st Annual Meeting. (Boston.)—The International Journal of the Medical Sciences; No. CLXXX. New Series. (Cassell & Co.)—The Insurance Year-book, 1886.—Public Health in Minnesota Reports for 1885.—Transactions of the American Dermatological Association, 1885.—Handbuch der Physiologischen Optik; von H. von Helmholtz: zweite umgearbeitete Auflage, erste Lieferung.—Étude sur la Pathogénie et l'Anatomie Pathologique de l'Erysipèle; par le Dr. Maurice Denucé.—A new Electric Light, for Diagnosis and Treatment of Diseases of Nose and Throat; by Dr. W. C. Jarvis, New York.—Ueber Lage und Stellung der Frau bei der Geburt; von Dr. R. W. Felkin, aus Edinburg.—Notes on the For Tribe of Central Africa; by R. W. Felkin, M.D.—Some recent Observations on Micro-biology; by F. J. Faraday, F.L.S.—Handbook of Deductive Logic designed for Medical Students; by Rev. Duncan Stewart, D.D. (Livingstone, Edinburgh.)—Catalogue of the Pathological Museum of the Western Infirmary, Glasgow; compiled by Joseph Coats, M.D. (Macdougall, Glasgow.)—Medical Boycotting; by Dr. R. E. Dudgeon.—University College Magazine, Liverpool, January, 1886.—Report of the British National Aid Society.—Index Medicus, Vol. VII., No. 12.—Decisions under Medical Practice Laws. (Illinois State Board of Health.)—Sunday Magazine, Good Words, February.—Leisure Hour, Sunday at Home, Boy's Own Paper, Girl's Own Paper, February.—Christian Theocracy and the Dynamics of Modern Government.—Histoire de la Médecine; par L. Barbillon.—A Young Wife's Perplexities; by Mrs. Warren.—The Reign of Law in Medicine; by Dyce Brown, M.D.—Ague, or Intermittent Fever; by M. D. O'Connell, M.D. &c.—Supra-pubic Lithotomy; by W. S. Tremaine, M.D.

Medical Appointments.

Intimations for this column must be sent DIRECT *to the Office of* THE LANCET *before 9 o'clock on Thursday Morning at the latest.*

ATKINSON, T. R., M.R.C.S., L.S.A.Lond., has been reappointed Medical Officer of Health for the Madley Division of the Dore Rural Sanitary District.

BARWISE, SIDNEY, M.R.C.S., L.S.A.Lond., has been appointed Medical Officer for the Second District of the Parish of Birmingham.

BENCRAFT, HENRY WILLIAM RUSSELL, M.R.C.S., L.R.C.P.Ed., has been appointed Medical Officer to the Southampton Workhouse, vice Robert Welch, resigned.

DAVIS, HENRY, M.R.C.S., L.S.A.Lond., Second Chloroformist to the Middlesex Hospital, has been appointed Anæsthetist to the National Dental Hospital.

ENGLAND, Mr., L.D.S.Eng., has been appointed Honorary Dental Surgeon to the Home for Female Orphans, St. John's Wood, W.

GIBBONS, ROBERT A., M.D., M.R.C.P., has been appointed Physician for the Diseases of Women and Children to the St. George's and St. James's Dispensary, vice Fancourt Barnes, resigned.

JACKSON, H., M.R.C.S., L.S.A.Lond., has been reappointed Medical Officer of Health for the Barnstaple Rural Sanitary District.

KAYE, JAMES R., M.B., C.M.Glas., has been appointed Medical Officer for the Third District of the Parish of Birmingham.

LUCAS, CHARLES, M.R.C.S., L.S.A.Lond., has been appointed Medical Officer for the Fifth District of the Newmarket Union.

MORRIS, DAVID W., L.K.Q.C.P.I., M.R.C.S., has been appointed Medical Officer for the Fulbourn District of the Chesterton Union.

NIVEN, JAMES, M.B., M.A.Cantab., has been appointed Medical Officer of Health for the Oldham Urban Sanitary District; and Medical Director and Attendant of the Westhulme Infectious Diseases Hospital, vice Hill, deceased.

ORCHARD, ALFRED, M.R.C.S. and L.R.C.P.Lond., has been appointed Medical Officer and Public Vaccinator for the Workhouse and Parish of Ashby-de-la-Zouch.

PAIN, T. D'OYLEY, L.S.A.Lond., has been reappointed Medical Officer of Health for the Kentchurch Division of the Dore Rural Sanitary District.

POCKLINGTON, EVELYN, M.R.C.S., L.S.A.Lond., has been reappointed Medical Officer of Health for the Wimbledon Urban Sanitary District.

SHARMAN, JOHN, M.R.C.S., L.S.A.Lond., has been appointed Medical Officer to the Schools at Norwood of the Parish of St. Mary, Lambeth.

SHEA, JOHN, M.D.St. And., M.R.C.S., L.S.A.Lond., has been re-appointed Medical Officer of Health for the Wokingham Urban Sanitary District.

THAIN, LESLIE L., M.R.C.S., L.S.A.Lond., has been reappointed Medical Officer of Health for the Longtown Division of the Dore Rural Sanitary District.

THOMAS, WILLIAM LANHAM, M.R.C.S., L.S.A.Lond., has been re-appointed Medical Officer of Health for the Horsham Urban Sanitary District.

WARTENBERG, VICTOR A., L.R.C.P.Ed., M.R.C.S., L.S.A.Lond., has been reappointed Medical Officer of Health for the St. Anne's-on-the-Sea Urban Sanitary District.

Births, Marriages, and Deaths.

BIRTHS.

ADAMS.—On the 1st inst., at 184, Aldersgate-street, E.C., the wife of John Adams, L.R.C.P.Lond., of a son.

ANDERSON.—On the 1st inst., at Spennymoor, Durham, the wife of Robert S. Anderson, M.B., of a daughter.

BENJAFIELD.—On the 6th ult., at Bletchenden, Church-street, Edmonton, the wife of W. B. Benjafield, M.D.Edin., of a son.

BROOKS.—On the 31st ult., at Beaumont-street, Oxford, the wife of W. Tyrrell Brooks, M.B., of a daughter.

CAMPBELL.—On the 29th ult., at Sheffield-gardens, Campden-hill, W., the wife of Brigade-Surgeon A. D. Campbell, M.D., of a son.

COLEMAN.—On the 29th ult., at Hill View, Streatham-common, S.W., the wife of Charles A. Coleman, M.D., of a son.

GABE.—On the 26th ult., at Mecklenburgh-square, W.C., the wife of John R. Gabe, M.D., M.R.C.S., of a son.

HILLIARD.—On the 3rd inst., at Church-street, Aylesbury, the wife of Dr. R. Harvey Hilliard, of a son.

POPE.—On the 26th ult., at Broomsgrove Villa, Goldhawk-road, W., the wife of H. Campbell Pope, M.D.Lond., F.R.C.S., of a daughter.

PORTER.—On the 29th ult., at Bow-road, the wife of J. Francis Porter, M.D., of a daughter.

RAYNER.—On the 1st inst., at Hanwell, the wife of H. Rayner, M.D., of a son.

SNOW.—On the 26th ult., at Norfolk-terrace, Bayswater, the wife of Herbert Snow, M.D.Lond., of a daughter.

WHITTLE.—On the 29th ult., at Oriel House, Prince's-avenue, Liverpool, the wife of Glynn Whittle, M.A., M.D.Cantab., of a son.

YOUNG.—On the 31st ult., at Rose Bank, Merton-road, Bootle, near Liverpool, the wife of T. Frederic Young, M.K.Q.C.P.I. M.R.C.S., of a daughter.

MARRIAGES.

BOTT—LUKE.—On the 27th ult., at Holy Trinity Church, Dartford, Kent, Joseph Bott, M.R.C.S., eldest son of Joseph Fennell Bott, late of Cammas Hall, White Roothing, Essex, to Elizabeth Ann, second daughter of William Luke, of Portsmouth, Hampshire.

COX—OLDREY.—On the 1st inst., at Kingston, Jamaica, J. Leslie C. Cox, L.R.C.P.Ed., L.R.C.S.Ed., to Florence Nugent, eldest daughter of the late Robert Oldrey, Esq., of Harpole Hall, Northamptonshire.

MILLIGAN—RICHARD.—On the 3rd inst., at 20, Grosvenor-crescent, Edinburgh, by the Rev. James MacGregor, D.D., assisted by the Rev. A. Wallace Williamson, M.A., of St. Cuthbert's, David Milligan, M.B., C.M.Edin., youngest son of the late James Milligan, Solicitor before the Supreme Courts, Edinburgh, to Margaret Isabella, second daughter of John Miller Richard, of Clarendon. At home, 7, West Maitland-street, 18th and 19th inst.

RICHMOND—JEFFERSON.—On the 28th ult., at All Saints' Church, Northallerton, Sylvester Richmond, M.D., of Greenhithe, Kent, to Mary, eldest daughter of W. T. Jefferson, Solicitor, of Northallerton.

WILLIAMS—BEVAN.—On the 2nd inst., at Christ Church, Lancaster-gate, by the Rev. C. Spencer Newham, Llewellyn Leonard Bulkeley Williams, M.B.Glas., son of the late David Williams, Esq., M.P., J.P., D.L., of Denbraeth Castle, Merionethshire, to Antonia Rebecca, daughter of the late William Bevan, Esq., of 74, Lancaster-gate, London.

DEATHS.

BALLS-WOOLBY.—On the 1st ult., at Groot River, Cape Colony, drowned whilst bathing in the sea, James Balls-Woolby, M.B.Lond., M.R.C.S., eldest son of R. J. Balls, of Spexhall-road, Halesworth, Suffolk.

BUTLER.—On the 15th ult., at Coventry-street, Brighton, George Butler, Surgeon, A.M.D. (retired), aged 68.

HARRIS.—On the 27th ult., at Guilford-street, W.C., David Harris, M.R.C.S., aged 27.

KITCHING.—On the 2nd inst., at his residence, Enfield, Middlesex, George Kitching, M.D., in his 85th year.

RODGERS.—On the 30th ult., Professor Julian Edward Disbrowe Rodgers, M.R.C.S. and L.S.A.Lond., late of the London Hospital Medical School, in his 72nd year.

N.B.—A fee of 5s. is charged for the Insertion of Notices of Births, Marriages, and Deaths.

Medical Diary for the ensuing Week.

Monday, February 8.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10.30 A.M., and each day at the same hour.

ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1.30 P.M., and each day at the same hour.

ST. MARK'S HOSPITAL.—Operations, 2 P.M.; Tuesdays, same hour.

CHELSEA HOSPITAL FOR WOMEN.—Operations, 2.30 P.M.; Thursday, 2 P.M.

HOSPITAL FOR WOMEN, SOHO-SQUARE.—Operations, 2 P.M., and on Thursday at the same hour.

METROPOLITAN FREE HOSPITAL.—Operations, 2 P.M.

ROYAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.

CENTRAL LONDON OPHTHALMIC HOSPITALS.—Operations, 2 P.M., and each day in the week at the same hour.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—4 P.M. Mr. J. Bland Sutton: Evolution in Pathology.

SOCIETY OF ARTS.—8 P.M. Prof. H. S. Hele Shaw: Friction (Cantor Lecture).

MEDICAL SOCIETY OF LONDON.—8.30 P.M. Mr. Bernard Pitts: Sub-peritoneal Resection in certain cases of Acute Necrosis.—Dr. D. W. Finlay: On a case of Empyema with Cerebral Abscess.

Tuesday, February 9.

GUY'S HOSPITAL.—Operations, 1.30 P.M., and on Friday at the same hour. Ophthalmic Operations on Mondays at 1.30 and Thursdays at 2 P.M.

ST. THOMAS'S HOSPITAL.—Ophthalmic Operations, 4 P.M.; Friday, 2 P.M.

CANCER HOSPITAL, BROMPTON.—Operations, 2.30 P.M.; Saturday, 2.30 P.M.

WESTMINSTER HOSPITAL.—Operations, 2 P.M.

WEST LONDON HOSPITAL.—Operations, 2.30 P.M.

ROYAL INSTITUTION OF GREAT BRITAIN.—3 P.M. Mr. R. Stuart Poole: Naucratis.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.—8.30 P.M. Dr. J. Edward Squire: Enteric Fever at Suakim, with some cases of Malarial, Enteric, or Typho-malarial Fever.—Dr. Cayley: A case of Thoracic Aneurysm treated by the introduction of Iron Wire into the Sac.

Wednesday, February 10.

NATIONAL ORTHOPÆDIC HOSPITAL.—Operations, 10 A.M.

MIDDLESEX HOSPITAL.—Operations, 1 P.M.

ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1.30 P.M.; Saturday, same hour. Ophthalmic Operations, Tuesdays and Thursdays, 1.30 P.M.

ST. MARY'S HOSPITAL.—Operations, 1.30 P.M. Skin Department, Tuesdays and Fridays, 9.30 A.M.

ST. THOMAS'S HOSPITAL.—Operations, 1.30 P.M.; Saturday, same hour.

LONDON HOSPITAL.—Operations, 2 P.M.; Thursday & Saturday, same hour.

GREAT NORTHERN CENTRAL HOSPITAL.—Operations, 2 P.M.

SAMARITAN FREE HOSPITAL FOR WOMEN AND CHILDREN.—Operations, 2.30 P.M.

UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.; Saturday, 2 P.M. Skin Department, 1.45 P.M.; Saturday, 9.15 A.M.

ROYAL FREE HOSPITAL.—Operations, 2 P.M.

KING'S COLLEGE HOSPITAL.—Operations, 3 to 4 P.M.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—4 P.M. Mr. J. Bland Sutton: Evolution in Pathology.

HUNTERIAN SOCIETY.—8 P.M. Annual Oration by Sir Andrew Clark, Bart.

ROYAL MICROSCOPICAL SOCIETY.—8 P.M. Rev. Dr. Dallinger will give his Presidential Address.

EPIDEMIOLOGICAL SOCIETY OF LONDON.—8 P.M. Dr. D. A. Gresswell: Chronicity and Rejuvenescence of Diphtheria in the Individual, and their Bearings upon Sustained Prevalence of Diphtheria in a Community.

SOCIETY OF ARTS.—8 P.M. Mr. Bennett H. Brough: Mining Industry at the Buda-Pest Exhibition.

BRITISH GYNÆCOLOGICAL SOCIETY.—8.30 P.M. Specimens will be shown. Adjourned Discussion on Dr. Chalmers' paper on Puerperal Septicæmia.

Thursday, February 11.

ST. GEORGE'S HOSPITAL.—Operations, 1 P.M.

ST. BARTHOLOMEW'S HOSPITAL.—Surgical Consultations, 1.30 P.M.

CHARING-CROSS HOSPITAL.—Operations, 2 P.M.

NORTH-WEST LONDON HOSPITAL.—Operations, 2.30 P.M.

ROYAL INSTITUTION OF GREAT BRITAIN.—3 P.M. Prof. W. Chandler Roberts-Austen: Metals as affected by Small Quantities of Impurity.

Friday, February 12.

ST. GEORGE'S HOSPITAL.—Ophthalmic Operations, 1.30 P.M.

ROYAL SOUTH LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.

KING'S COLLEGE HOSPITAL.—Operations, 2 P.M.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—4 P.M. Mr. J. Bland Sutton: Evolution in Pathology.

CLINICAL SOCIETY OF LONDON.—8.30 P.M. Dr. Tyson: On three cases of Universal Alopecia.—Mr. Bellamy: An Obscure case of Femoral Hernia, operation, (?) double reduction *en masse*.—Dr. Hale White: Hysterical Pyrexia.—Dr. Goodhart: Cases of Meningitis of Obscure Origin.—Dr. Stephen Mackenzie: Two cases with Unilateral Paralysis of Tongue, Soft Palate, and Vocal Cord, &c. (living specimens).

ROYAL INSTITUTION OF GREAT BRITAIN.—9 P.M. Prof. Osborne Reynolds: Experiments showing Dilatancy, a property of Granular Material, possibly connected with Gravitation.

Saturday, February 13.

KING'S COLLEGE HOSPITAL.—Operations, 1 P.M.

ROYAL FREE HOSPITAL.—Operations, 2 P.M.

MIDDLESEX HOSPITAL.—Operations, 2 P.M.

ROYAL INSTITUTION OF GREAT BRITAIN.—3 P.M. Mr. Archibald Geikie: The History of Volcanic Action in the British Isles.

METEOROLOGICAL READINGS.

(Taken daily at 8.30 a.m. by Stewart's Instruments.)

THE LANCET Office, Feb. 4th, 1886.

Date.	Barometer reduced to Sea Level and 32° F.	Direction of Wind.	Dry Bulb.	Wet Bulb.	Solar Radia in Vacuo.	Max. Temp. Shade.	Min. Temp	Rain at...	Remarks at 8.30 A.M.
Jan. 29	29·72	S.W.	38	36	...	45	33	...	——
,, 30	29·78	S.W.	37	35	...	46	34	·03	——
,, 31	29·56	S.W.	45	43	...	47	36	·13	——
Feb. 1	29·29	W.	39	38	...	45	37	·19	——
,, 2	29·60	W.	39	37	...	45	36	...	——
,, 3	29·52	W.	36	35	...	41	35	·23	——
,, 4	30·13	N.E.	36	35	...	...	35	·15	——

Notes, Short Comments, & Answers to Correspondents.

It is especially requested that early intelligence of local events having a medical interest, or which it is desirable to bring under the notice of the profession, may be sent direct to this Office.

All communications relating to the editorial business of the journal must be addressed "To the Editor."

Lectures, original articles, and reports should be written on one side only of the paper.

Letters, whether intended for publication or private information, must be authenticated by the names and addresses of their writers, not necessarily for publication.

We cannot prescribe or recommend practitioners.

Local papers containing reports or news-paragraphs should be marked.

Letters relating to the publication, sale, and advertising departments of THE LANCET *to be addressed "To the Publisher."*

VOLUNTEER MEDICAL STAFF CORPS.

IN answer to inquiries repeatedly made to us, we may state that volunteer surgeons will find all the necessary information and instruction for training stretcher-bearers and bearer companies, the training of orderlies for the Medical Staff Corps, and other cognate matters, in the new Manual for the Medical Staff Corps, 1885, just published by the War Office, price 2s., and which can be had of Messrs. Clowes and Sons, Charing-cross, or any other large bookseller.

Medico.—"Gazzetta degli Ospitali" (two numbers weekly); Vallardi, Milano. "Il Morgagni" (monthly); Vallardi, Napoli.

Mr. G. Steel Scott, M.B.—The point should have been made clear in the original agreement. It cannot be enforced now, except by friendly argument.

PEAT SMOKE AND PHTHISIS.

To the Editor of THE LANCET.

SIR,—I should feel much obliged if you would kindly inform me whether you consider the inhalation of the fumes evolved during the combustion of common peat of any value in the earlier stages of tubercular phthisis. I am, Sir, your obedient servant,

Conservative Club, Feb. 2nd, 1886. J. R. S. TAYLOR.

*** We are not aware that "the inhalation of the fumes evolved during the combustion of common peat" is "of any value in the earlier stages of tubercular phthisis." Several years ago, Dr. Morgan showed that the immunity from phthisis enjoyed by the dwellers in the Hebrides and N.W. Scotland, who use peat fires, must be ascribed to the free ventilation of their huts, rather than to the peat smoke, which could be seen escaping from the door and crevices of the building (*British and Foreign Medical and Chirurgical Review*, 1860). Theoretically, such fumes would be antiseptic; but the solid particles they contain would by their inhalation increase the tendency to lung affection. An ample supply of *pure* air is the great prophylactic.—ED. L.

H. C.—We agree with our correspondent that such a mode of advertising is highly objectionable.

THE GENERAL LYING-IN HOSPITAL, YORK-ROAD.

To the Editor of THE LANCET.

SIR,—In your issue of last week the changes on the staff of the General Lying-in Hospital are incorrectly stated. Dr. Champneys is described as having been appointed physician to the Hospital. The facts are that Dr. Williams and Dr. Champneys have been physicians to the Hospital for the past five years; at the end of this time (Dec. 3rd, 1885) Dr. Williams resigned, and has been appointed consulting physician, and Dr. Herman has been elected to the vacancy thus created.

I am, Sir, your obedient servant,

Feb. 3rd, 1886. ANNIE WHYTE, Secretary.

WE are asked to state that the Secretary to the Royal College of Physicians of Edinburgh will be greatly obliged if the gentleman who kindly sent him a cutting from THE LANCET (posted from London, W., on Feb. 2nd) will do him the favour to communicate with him.

Mr. T. D. Harries; F.R.C.S.—It is left to the discretion of a magistrate whether he grants costs to a medical witness or not. It is usual to allow costs to medical witnesses called at the instance of the Treasury or the police, but not to those retained by the defence. The amount generally paid is half a guinea for each attendance; but recently a case occurred at a metropolitan police-court where the magistrate granted £1 12*s.* 6*d.* for five attendances of an expert witness.

R. C. B., M.R.C.S.—We know of no special work on the subject other than that mentioned.

Captain O.—Either of the two first-named places would be suitable.

SANTONIN AS AN EMMENAGOGUE.

To the Editor of THE LANCET.

SIR,—As the administration of santonin as an emmenagogue in chlorosis seems to be on its trial, the following case, though an isolated one, may be of interest.

A young lady presenting the usual symptoms—anæmia, pallor, and waxy hue of complexion, with cessation of menses, constipation, loss of appetite, foul tongue, palpitation and breathlessness on slight exertion, headache and depression of spirits—consulted me on Nov. 5th, and was prescribed a mixture containing ten grains of citrate of iron and ammonia, with three minims each of liquor strychniæ and liquor arsenicalis, and a grain of quinine in each dose, to be taken three times daily at meals in orange wine. I also ordered a pill containing two grains of extract of cascara sagrada (Schieffelin's), to be taken three times a day. This treatment was continued till Dec. 9th, by which time the patient's health was apparently completely restored, except that the menses had not returned. She had a healthy colour, was able to take a long walk, and enjoyed life again, feeling in perfect health. I then prescribed ten grains of santonin, to be taken at bed-time after a hot hip-bath, and on the day when it was reckoned that menstruation should recur. The only effect was that she spent a night of sickness and vomiting, and was extremely miserable all the next day, but was in her usual health the following day, when she described to me her symptoms, and added that she thought at the time that I had poisoned her. I resolved then to avoid emmenagogues, and advised her to continue the tonic mixture until the catamenia should appear. This happened four or five days later, when she was charitable enough to say that the medicine had had the desired effect. She has since continued in excellent health.

I very much doubt whether it is at all wise or rational to administer emmenagogues in chlorosis, and think that we should rely on constitutional treatment, regarding the cessation of menses as a symptom of the debilitated and anæmic condition. If the initial mischief be in the intestinal canal, where the blood is (so to speak) starved by the torpid condition of the digestive tract, or poisoned by the absorption of what should be excreted, the most essential part of the treatment is to restore regular and healthy action of the bowels. Cascara sagrada seems to be very effectual in this way. I have found that not all preparations of cascara sagrada are equally efficient. I prescribed quinine with the iron because I have repeatedly found that patients for whom I had occasion to prescribe quinine were unable to take it on account of the excessive menstrual flow which it caused; so that I regard a tendency to menorrhagia as a contra-indication for quinine, but I am not able to say with any certainty that it induces the flow when absent. The fact that quinine acts as an oxytocic, and that it has been sometimes blamed for causing abortion, seems to indicate that it does act through the nervous centres upon the ovaries and uterus.

I am, Sir, yours faithfully,

Jan. 25th, 1886. THEOBALD A. PALM, M.A., M.D.

To the Editor of THE LANCET.

SIR,—As much attention has lately been drawn to the use of santonin in the treatment of amenorrhœa, a few remarks upon it may not be out of place.

Santonin has apparently been used up to the present with a varying amount of success; but I think this is due to its not being continued for a sufficient length of time. Since the publication of Mr. Whitehead's article, I have used santonin freely in the treatment of amenorrhœa, and certainly have reason to be pleased with the results. In a record of seventeen cases there have only been two failures; in only one patient did the drug cause any unpleasant sensations—viz., dizziness, sickness, and headache; in none was there any disturbance of vision. In addition to the santonin, I usually prescribe mustard hip-baths, and a mixture containing some preparation of iron, combined with tincture of iodine and belladonna. Most cases of amenorrhœa that the practitioner treats are caused by anæmia. As the drug becomes more generally used and persevered in, I think practitioners will be pleased with the results. Whether the drug can be called an ovarian stimulant is, I think, uncertain; but that it produces a flow of blood from the uterus is beyond doubt. I have selected the following three cases as examples.

Margaret L——, aged thirty, married, had not menstruated since the birth of her last child, eighteen months. She had been subject to epileptic fits from girlhood. Within the last year the attacks were more frequent. After continuing santonin for six weeks, with an intermission of a week, menstruation occurred. A month after this, a flow appearing.

two powders of ten grains each were given. Menstruation was restored, and has been regular ever since. The patient was being treated for the epilepsy at the same time, and has been quite free from fits for two months; formerly an attack occurred every fortnight.

Elizabeth B——, aged seventeen, under treatment for pericarditis, had never menstruated. The patient, who was very anæmic, had a leucorrhœal discharge. In this case no flow has been produced as yet; she is still taking the santonin, as well as remedies for the anæmia.

Annie G——, aged nineteen, a chlorotic girl in a very weak condition, had not menstruated for five months. After a fortnight's treatment with santonin and remedies for the chlorosis, menstruation occurred, the flow lasting three days. A fortnight later it returned in increased quantity, and lasted six days; since then menstruation has been quite regular, and the patient is now well.

In giving santonin a fair trial we must not use it alone, but combine its use with other remedies, according to the nature of the individual case; we must continue its use for a longer period before saying it has failed. I am, Sir, yours faithfully,

Wooburn, Bucks, Jan., 1886. FRED. W. ALLWRIGHT, L.R.C.S.I., &c.,

"THE VENTILATION OF SEWERS."

To the Editor of THE LANCET.

SIR,—In THE LANCET of the 30th ult., under this heading an annotation appeared that left an impression, which may or may not have been intended, but which can scarcely be allowed to pass unquestioned. The possibility of low-level or surface ventilators, as *outlets* for foul gases, becoming disseminators of disease can hardly be gainsaid; and that the judgment of those who are not acquainted with the physical properties of gases and liquids should be fallacious, is not surprising; but are we to accept the judgment of those who are?

"There is only *one* way of effectually ventilating close (*sic*) drains and sewers, and that happily is an easy one." Taken together with some remarks further on the construction to be placed upon this is that sewers should be closed from source to mouth, and then "pipes, which ought to be not less than four inches in diameter, as perpendicular as possible ..... should be carried up from the drain or sewer to a point well above the level of the roofs, ... by means of these pipes the sewers may be properly ventilated." How is this ventilation to take place? Is the air to enter the sewers at Abbey Mills or Barking Creek (or in futurity at Canvey Island), and travel an unknown distance to the thousands of outlets formed by a multiplication of "the two or more ventilating pipes to be constructed by the spirited householder on his own premises"? or, is the physical fact lost sight of that ventilation, aeration, or oxidation (not merely vent to relieve pressure), requires an inlet within measurable distance of the outlet? The latter is the more probable, and confirmed by the enunciation that "the particularly ridiculous notion that pure air can be drawn in at the mouth of a low-level pipe, and foul air ejected at the open mouth of a high-level pipe, is probably one of the most mischievous and obstructive of prevailing misconceptions."

It would not be well to analyse this; but would it not be well to let it go forth from a scientific journal that for the ventilation of tubes—i.e., to maintain a current of air through them—both an inlet and an outlet *are* necessary, and that given a motive force, such as heat or the suction power of the wind, then a current will take place or not, and its speed be regulated according to the relative levels of inlet and outlet, and the ratio between the length and calibre of the horizontal and the length and calibre of the vertical pipe.

These are matters of calculation and experiment not yet elucidated, and by the medical profession, at least, should be treated in an unbiased spirit of inquiry. I am, Sir, yours, truly,

JOHN F. J. SYKES.

Camden-road, N.W., Feb. 1st, 1886.

*** There are some undertakings so vast that the only way of achieving success is to grapple with them in detail. The immediate and practical business of the householder is not to ventilate the sewers of the metropolitan district as a whole, but to provide a way of egress for the gases which occur in the special length of drain and sewer with which his particular dwelling is connected—disconnected (?). This may be accomplished, as we have pointed out, by ventilating pipes, two or more at proper positions near his house. If short lengths of drain and sewer be thus ventilated, the difficulty of ventilating the sewerage of the metropolis generally would be greatly reduced. We are unable to accept as law the proposition laid down by our correspondent.—ED. L.

RISKS OF ABBREVIATIONS IN PRESCRIPTIONS.

A POLISH physician, wishing a patient to be dry-cupped in eighteen places, wrote the order with the figure "18" followed by the letter "b," to stand for the Polish word for cups. This, again, was followed by the word meaning "dry." The dresser, mistaking the "b" for "6," actually practised 186 dry cuppings on the unfortunate patient. The Russian journal from which we learn this incident, remarks that it is well that it was dry, and not wet, cupping that was ordered.

Mr. Montague W. C. Palmer.—The man requiring the certificate should pay for it—at least, our correspondent's claim would be against him.

Mr. Tweedy's letter on the Royal College of Surgeons arrived too late for insertion this week.

RUSSIAN REMEDY FOR HYDROPHOBIA.

IN an article in the *Veterinarian* reference is made to a statement recently published by us respecting the alleged value of the alisma, or water plantain, as a remedy for hydrophobia. Our contemporary states that the late Mr. Youatt very early in his professional career gave trial to the alisma as a preventive, and also as a cure of rabies in the dog. A record of his experiments was published in 1829. Experimenting with the English *Alisma plantago*, Mr. Youatt recorded that it griped, purged, and produced some giddiness; but it did not prevent the appearance of the disease, or arrest its progress. He afterwards procured a little of the true alisma, but not in sufficient quantity to try its preventive power. Its curative efficacy was, however, tested. Two drachms of the powdered root, suspended in a little mucilage, were given to a rabid and ferocious dog. The animal became quieter, and after the administration of a second dose, six hours afterwards, its desire to do mischief altogether ceased; the harmless or paralytic stage of the malady supervened, and death occurred in twenty hours after the second dose. Mr. Youatt on other occasions tried the alisma procured from English herbalists, but without any satisfactory result.

Æsculap.—Parkes' Hygiene, Ganot's Physics, Baldwin-Latham's Sanitary Engineering, and the Public Health Acts.

THE USE OF SAYRE'S SWING.

To the Editor of THE LANCET.

SIR,—Allow me to call attention to certain objectionable features in the common method of using Sayre's swing for the application of paroplastic or plaster-of-Paris jackets. It is usual to suspend the patient both by the neck and by slings under the armpits, and the latter are supposed to add to the safety of the proceeding. I venture, however, to submit that the use of these arm-slings is inconvenient, unnecessary, and calculated to add to the danger rather than to diminish it. That it is inconvenient must have been felt by many who are in the habit of applying supports to the back; for the slings, if tight enough to assist in bearing the weight, are liable to cause unsightly elevation of the shoulders, and in the case of plaster-of-Paris jackets interfere with the smooth and even application of the material below the armpits. That it is unnecessary is, I think, sufficiently proved by the fact that I have now used the Sayre's swing hundreds of times without the arm-slings, with no more discomfort than is produced by suspension with them. That it is dangerous will, I think, be obvious from the following considerations:—So long as the patient keeps the arms down, part of the weight of the body is undoubtedly borne by the arm-slings; but directly the suspension becomes irksome, there is an instinctive tendency to throw up the arms, in order to grasp the cross-bar, whereby the arm-slings lose their hold and a sudden jerk is produced, the whole, or nearly the whole, weight being suddenly thrown upon the neck. Now, it is well known that sprains and dislocations most frequently occur from sudden and unexpected tension of particular muscles or groups of muscles; and I see no reason to doubt that what is true of muscles supporting the knee or the wrist is also true of those uniting the head and trunk. In either case a much greater strain can be borne with impunity when applied gradually and deliberately than when applied suddenly. Supposing the tension to be equally distributed at first in a patient weighing 9 st., the additional strain thrown upon the neck may be as much as 84 lb. Were the arm-slings firmly united by bands across the back and chest, the slipping might be partially, though not entirely, prevented; but, as far as I know, this is never done, and it certainly would be inconvenient to the surgeon. If the patient is allowed from the first to grasp the cross-bar, the arm-slings are useless, while the accompanying rotation and consequent prominence of the scapulæ necessarily leads to a misfit. That special cases may occur in which it is advisable to support in part from the armpits I do not deny, although I have not yet seen such. But I am convinced that in most cases it is far less dangerous to trust entirely to the neck muscles than to run the risk of slipping of the arm-slings, while suspension from the neck is a far more efficient means of extending and straightening the spinal column than any method depending upon support from the axillæ. In every case the greatest care should be taken to avoid sudden jerks to the neck, and it is also frequently advisable to accustom the patient to the process by a few preliminary suspensions of increasing duration on successive days.

I am, Sir, yours faithfully,

Moorgate-street, Jan. 12th, 1886. F. RUFENACHT-WALTERS, M.D.

NEW MEDICAL JOURNAL IN SPAIN.

THE appearance of a new Spanish monthly medical periodical dealing with the special departments of eye, ear, and throat practice is announced, entitled *Gaceta de Oftalmologia, Otologia, y Laryngologia*, and edited by Dr. Don Frederico Gomez de la Mata. There are at present some twenty medical journals published in Spain, about seven of which are weekly, the rest being trimonthly, fortnightly, and monthly. We have seen two ophthalmic journals, but have never heard of any specially devoted to ear and throat diseases; so that Dr. Don Gomez de la Mata has to a large extent an untrodden field before him.

E. W. is referred to the reply "*Æsculap*," *supra*.

LIP-READING.

A PAPER on Lip-reading, by Mr. William Van Praagh, appears in the first number of the *Quarterly Review of Deaf-Mute Education*. The great importance of lip-reading to our deaf children is felt by all workers for the deaf; yet, until now, lip-reading has not received so much attention as it ought to have had. Indeed, considering the subject of deaf-mute education historically, it is noteworthy how new in this country the subject is. It is not yet a hundred years since the first public institution for its promotion was established. At the beginning of this century that institution was the only one. Now, however, a very different condition of affairs has been arrived at; and we wish Mr. Van Praagh all success in the efforts he is making to ameliorate the condition of our deaf-mutes.

J. N. W.—1. For the post of police-surgeon, application should be made to the Chief Surgeon of the Metropolitan Police. The pay varies in the different divisions, and is regulated by the number of officers and men, each of whom contributes according to rank.—2. To the Home Secretary.

Rusticus.—A great deal of information and of forcible argument is contained in papers read at the International Medical Congress held in London in August, 1881, by Professor Virchow, Mr. Simon, and Dr. Fraser, reports of which will be found in THE LANCET of Aug. 6th and 20th, 1881.

M.R.C.S. had better refer to Pettenkofer's latest publication on the subject—i.e., "Die Cholera," Deutsche Bücherei, No. xxxvi. Breslau, Berlin, von S. Schottlaender.

Mr. R. Denison Pedley.—The matter shall have attention.

A CORRECTION.

To the Editor of THE LANCET.

SIR,—I beg to call your attention to an error which I notice in the account of my experimental yellow fever, given in your issue of Oct. 10th, 1885, p. 680. The pyrexia observed by me after the successful cases of mosquito inoculations has never exceeded seven days' duration. This term should therefore be substituted in place of the limit, "twenty-one days," mentioned in your annotation. The rectification is so far important as the misconception might deter others from repeating my experiments.

I am, Sir, yours truly,

Havana, Jan. 16th, 1886. CHARLES FINLAY, M.D.

Locum.—The question is not a medical one. But we do not see that the principal is ever afterwards bound to treat with B through A because he was first introduced to B through A.

Mr. S. W. Hambleton.—We do not quite see the drift of our correspondent's letter.

Octogenarian should consult his medical attendant in reference to the habit in question.

Mr. Annandale (Edinburgh).—Yes.

A Subscriber for Twenty-six Years.—The claim is a good one in a court of law.

Non-de-plume.—Yes, decidedly.

COMMUNICATIONS not noticed in our present number will receive attention in our next.

COMMUNICATIONS, LETTERS, &c., have been received from—Sir Henry Thompson, London; Mr. Annandale, Edinburgh; Mr. V. Horsley, London; Dr. Gibson, Edinburgh; Dr. Champneys, London; Dr. C. Finlay, Havana; Dr. Wahltuch, Manchester; Mr. H. B. Clark, Glasgow; Dr. Latham, Cambridge; Surg.-Major Boustead; Dr. Ashby, Manchester; Professor Longmore, Netley; Mr. Williams, Liverpool; Dr. Stephen Smith, New York; Dr. Küche, Tiel; Mr. G. S. Scott, London; Mr. Palmer, Newbury; Mr. Paulson, Loughborough; Mr. T. Laffan, Cashel; Dr. W. S. A. Griffith, London; Messrs. Atkinson and Philipson, Newcastle-on-Tyne; Mr. W. Moro, London; Dr. Bampton, Plymouth; Mr. Ethelston; Dr. Bridger; Dr. Illingworth, Clayton-le-Moors; Mr. Hawkins-Ambler, Kirkburton; Mr. C. S. Jeaffreson, Newcastle-on-Tyne; Dr. Cameron, London; Dr. Whitelaw, Kirkintilloch; Mr. R. D. Pedley, London; Mr. Berry, Wigan; Dr. Purcell, London; Mr. Symonds, London; Mr. Bowater, London; Mr. Shaw, Ashton; Dr. Marsden, London; Dr. Ardagh, Portlaw; Dr. Lombe, Torquay; Mr. Davis, London; Mr. Lewis, Liverpool; Messrs. Hall and English; Mr. Mills, Glasgow; Messrs. A. and C. Black, Edinburgh; Mr. Glasspool, London; Mr. Hastings, London; Mr. Alester, London; Mr. Hambly, Bristol; Mr. Hayward, Corby; Mr. Robertson, Edinburgh; Mr. Godfrey, Northampton; Mr. Williams, Oswestry; Mr. Banner, Audlem; Dr. Julius Pollock, London; Prof. Buchanan, Glasgow; Mr. Simeon Snell, Sheffield; Dr. Churton, Leeds; Dr. J. J. Bailey, Marple; Dr. A. Duncan, Umballa; Mr. Arnold, London; Dr. S. West, London; Dr. Skerrett, Bristol; Mr. Jalland, York; Dr. J. F. J. Sykes, London; Mr. Lowndes, Liverpool; Messrs. Waltham Bros., Stockport; Mr. Pound, Odiham; Mr. Mansergh, London; Dr. H. V. Carter, Bombay; Dr. Dickinson, London; Mr. Cave; Mr. Maythorn, Biggleswade; Mr. Gurner, London; Mr. Fitzgerald, Alford; Mr. Long, Antwerp; Mr. Harrison, Liverpool; Mr. Collier, Shirley; Mr. Horder, Cardiff; Mr. Keating, Manchester; Dr. Cornillon, Vichy; Dr. Saul, Lancaster; Dr. Goldsmith, Worthing; Mr. Walker; Mr. Robinson, Henley-on-Thames; Messrs. Condy and Co., London; R. V. W.; Beta; G. C. F., Islington; Æsculap; Rusticus; M.D., Maidstone; Forceps; R. C. B.

LETTERS, *each with enclosure*, are also acknowledged from—Dr. Bower, Bedford; Mr. Knight, Northampton; Dr. Mackay; Messrs. Horsfall and Co., Wakefield; Mr. Juler, London; Mr. Tanner; Mr. Norman, Colchester; Mr. Cuthbertson, Leeds; Mr. Moore; Dr. McLintock, Church Stretton; Mr. Davies, Cardigan; Mr. Chattelanair, Switzerland; Mr. Godfrey, Northampton; Mr. Worsley, Ryde; Mr. Gurne, Blackpool; Mr. Arrowsmith, Bristol; Mr. Cornish, Manchester; Mr. Blumer, Stratford; Mr. Thwaites, Bristol; Dr. Adye, Bradford-on-Avon; Mr. Eddis, Barmouth; Miss Sidney, Brighton; Dr. Stott, Haslington; Mr. Newton; Mr. Powneeby, London; Messrs. Kilner Bros., Newcastle; Dr. Lomb, Torquay; Messrs. Bullock and Reynolds, London; Mr. Darke, London; Mr. Moullin, London; Miss White, Westgate-on-Sea; Mr. Brockelbank, Islington; Mr. Morgan, Swansea; Mr. Fielding, Walthamstow; Mr. Pullin; Mr. Hodgkins, Oxford; Mr. Stock; Messrs. Burroughs and Co., London; Mr. Kinder, Leicester; Mr. Hislop, Shrewsbury; Mr. Rayner, Hanwell; Mr. Guest, Darlington; Mr. Austin, Faversham; Messrs. Giles and Co., Clifton; Mr. Busfield, Manchester; Mr. Lilly, Leicester; Mr. Cresswell, Mickleton; Mr. Morton; Mr. Beaman, Newton-le-Willows; Dr. Wood, Pontypool; Dr. Seaton, Sunbury; Mr. Storey, Cardigan; Mr. Leaver, Stratford-on-Avon; Treasurer of the Royal College of Physicians; F. H., Tunbridge Wells; W. H. S., Blaina; H. A. R.; Junius, Edinburgh; Medicus, Penge; Medicus, Southsea; Bryn Llwyd; Medicus, Wavertree; Juvenal; Peritas, Exeter; M. J.; Nurse; Medicus, Liverpool; Alpha, Appleby Magna; J. C. T., Windermere; Matron, Sheffield; M.D., Holloway; A. B., Bolton; Medicus, Bristol; B. V. M., Highgate; Nemo; S. S.; Matron, Peterboro'; Chirurgus; Medicus, Oldham; Omega; Medicus, Virginia; M.D., Newtown; Medicus, Liverpool; Cocaine, Liverpool; Medicus, Brighton.

Egyptian Gazette, Times of Egypt, Sanitary Engineering, Manchester Courier, Earlestown Guardian, Stratford Express, Brisbane Telegraph, Brisbane Daily Observer, Kidderminster Times, Brisbane Courier, Gromock Telegraph, Temperance Record, Newcastle Daily Journal, Charity Record, Imperial Federation, The Housewife, The Zoophilist, The Bat, &c., have been received.

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